

**Turning a Blind Eye? Teachers' lived experiences of child-on-child harmful
sexual behaviour at three schools in the UK. An Interpretative
Phenomenological Analysis**

By

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Summary

The number of sexual offences between children in England and Wales rose by 78% during the years 2013 and 2016. Incidents within schools included children as young as five years old, prompting warnings that child-on-child sexual abuse could become the next major child protection issue. National guidance for schools, however, makes no reference to the lived experiences of teachers responding to sexualised behaviour between children, meaning their voices are missing. This thesis presents a study into teachers' lived experiences of child-on-child harmful sexual behaviours at three types of school in the United Kingdom; an independent day and residential special school; a publicly funded independent special school and a Church of England primary school.

Aim: To explore teacher's lived experiences of child-on-child harmful sexual behaviour at school.

Method: Interpretative Phenomenological Analysis was used to explore the lived experiences of nine participants, five males and four females. Semi-structured interviews used pre-defined questions to prompt responses which were recorded, transcribed and subjected to idiographic analysis.

Findings: Three overarching superordinate themes based upon the proverb of the three wise monkeys were developed as a framework through which to discuss the wider organisational and socio-cultural aspects of the experience of child-on-child HSB at school. The themes; not seeing child-on-child HSB, not hearing about child-on-child HSB and not speaking about child-on-child HSB revealed new perspectives and the turning of a blind eye to child-on-child harmful sexual behaviours at school.

Conclusion: The majority of sexualised behaviours experienced were found to be within an inappropriate and problematic range as shown by guidance, confirming schools as frontline responders to child-on-child HSB. Confusion existed between sexualised behaviours that were normally expected and those that were harmful. The lack of training contributed to poor recognition and response whilst the lack of wider organisational support contributed to poor information sharing, a hierarchical culture of blame and fears about vulnerability, safety and damaged careers.

Declarations and Statements

STATEMENT 1

This thesis is being submitted in partial fulfilment of the requirements for the degree of Professional Doctorate in Advanced Healthcare Practice

Signed JA Waters

Date 5th December 2019

STATEMENT 2

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is it being submitted concurrently for any other degree or award (outside of any formal collaboration agreement between the University and a partner organisation)

Signed JA Waters

Date 5th December 2019

STATEMENT 3

I hereby give consent for my thesis, if accepted, to be available in the University's Open Access repository (or, where approved, to be available in the University's library and for inter-library loan), and for the title and summary to be made available to outside organisations, subject to the expiry of a University-approved bar on access if applicable.

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DECLARATION

This thesis is the result of my own independent work, except where otherwise stated, and the views expressed are my own. Other sources are acknowledged by explicit references. The thesis has not been edited by a third party beyond what is permitted by Cardiff University's Use of Third-Party Editors by Research Degree Students Procedure.

Signed JA Waters

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(Excluding summary, acknowledgements, declarations, contents pages, appendices, tables, diagrams and figures, references, bibliography, footnotes and endnotes)

Acknowledgements

Between the years 2008 and 2013 I practised as a registered nurse at a special school which specialised in children experiencing social, emotional and behavioural difficulties (SEBD). During this time, I witnessed the exhibition of child-on-child harmful sexual behaviours (HSB), an experience that was new to me both professionally and personally. Following the completion of a master's degree in advanced practice; safeguarding children, I decided to apply to study a professional doctorate in the hope that this topic could become the basis of a research study. I have been fortunate to be able to research a topic about which I feel so passionately, meaning I very much hope my findings will contribute to new understandings of the lived experiences of harmful sexual behaviours at school.

I gratefully acknowledge the contribution of my study participants, all of whom generously stepped outside of their busy school days to speak frankly and openly about their difficult experiences. This was brave and I hope that I have adequately interpreted their experiences. I wish to thank Dr Jane Harden for inspiring me to engage with academia later in life, something I thought unachievable. I wish to also thank my supervisors, Dr Sally Anstey, Dr Teena Clouston and Dr Anna Sydor for their endless advice, support and encouragement to strictly focus on the topic. Thanks also go to Shirleyann Jasper and Dr Ian Seath, for their critical eyes. Finally, I thank my husband Michael for his support, without which I certainly would not have been able to complete this thesis

Table of Contents

Summary	i
Declarations and Statements	ii
Acknowledgements	iii
List of Appendices	viii
PART ONE: SETTING THE SCENE	1
Chapter 1: Rationale for this Thesis	2
1.1 Charlie	3
1.2 Schools in the United Kingdom.....	5
Chapter 2: Child-on-Child Harmful Sexual Behaviour	7
2.1 Definition.....	7
2.2 Prevalence.....	13
Chapter 3: National and School based Guidance.....	15
3.1 National guidance.....	15
3.2 Guidance for schools	18
PART TWO: LITERATURE REVIEW	21
Chapter 4: Developing the Study	22
4.1 The study question.....	22
4.2 The Search Strategy	24
4.4 Description of the returned data	26
Chapter 5: The Literature review	28
5.1 Theme one: HSB: Attitudes, beliefs and labels.....	29
5.2 Theme two: HSB in the school setting.....	39
5.3: Conclusion.....	43
PART THREE: RESEARCH METHODS AND STUDY DESIGN	45
Chapter 6: Research Methodology	46
6.1 Phenomenology	47
6.2 Interpretative Phenomenological Analysis	48
Chapter 7: Designing the Study	50
7.1 Ethical Considerations	50
7.2 Sampling of participants.....	51
7.3 Data Collection	53

7.4 Data management.....	56
7.5 Reflexivity	57
PART FOUR: ANALYSIS	58
Chapter 8: Idiographic Data Analysis and Outcomes.....	59
School A: Independent day and residential special school.....	60
Laurence.....	61
Margaret	69
School B: Publicly funded independent special school.....	80
Gregory.....	81
Juliet.....	89
James	93
Peter	104
Hugh	109
Celia.....	117
School C: Church of England primary school	126
Rosaline.....	127
8.1 Analysis of the group.....	142
Chapter 9: Discussion.....	148
9.1 The Three Wise Monkeys	148
9.2: Not seeing child-on-child HSB.....	150
9.3: Not hearing about child-on-child HSB	158
9.4: Not speaking about child-on-child HSB.....	163
9.5 Summary	172
PART FIVE: TO CONCLUDE.....	177
Chapter 10: Summary of the study and recommendations	178
10.1 The Fourth Wise Monkey.....	178
10.2 Recommendations	179
10.3 Reflexivity	182
10.4 Reliability and validity.....	184
10.5 Limitations	186
10.6 Returning to Charlie	187
10.7 Final thoughts.....	188
REFERENCES	189

APPENDICES.....	201
APPENDIX ONE	202
Management guidelines for schools (Hackett and Taylor 2008)	203
APPENDIX TWO	204
Databases, search terms and number of returns	205
APPENDIX THREE.....	207
Final selection of returned references for the literature review.....	208
APPENDIX FOUR.....	215
Ethics permission to proceed with the study	216
APPENDIX FIVE.....	218
Head teacher information sheets	219
APPENDIX SIX	221
Participant's Information Sheet	222
APPENDIX SEVEN.....	225
Participant Consent Form	226
APPENDIX EIGHT	227
Semi-structured interview questions.....	228
APPENDIX NINE	229
Flowchart for transcript analysis	230
APPENDIX TEN.....	231
Transcript analysis	232
APPENDIX ELEVEN	233
Superordinate theme table top sorting exercise.....	234

List of figures and tables

Figures

Figure 1 Venn diagram showing links between all themes

Tables

Table 1:	A continuum of behaviours (Hackett 2010).
Table 2	Sexualised behaviours in children (Ryan 2000a; NSPCC 2017)
Table 3:	A continuum of responses to HSB (Hackett et al. 2019)
Table 4	Inclusion and Exclusion criteria
Table 5	Schools and participant details
Table 6	Laurence: subordinate themes and supporting quotations
Table 7	Margaret: subordinate themes and supporting quotations
Table 8	Gregory: subordinate themes and supporting quotations
Table 9	Juliet: subordinate themes and supporting quotations
Table 10	James: subordinate themes and supporting quotations
Table 11	Peter: subordinate themes and supporting quotations
Table 12	Hugh: subordinate themes and supporting quotations
Table 13	Celia: subordinate themes and supporting quotations
Table 14	Rosaline: subordinate themes and supporting quotations
Table 15	Superordinate to superordinate themes
Table 16:	Correlations between literature and participant experiences of HSB

List of Appendices

Appendix One	Management guidelines for schools (Hackett and Taylor 2008)
Appendix Two	Databases, search terms and number of returns
Appendix Three	Final selection of returned references for the literature review
Appendix Four	Ethics permission to proceed with the study
Appendix Five	Headteacher information sheets
Appendix Six	Participant's Information Sheet
Appendix Seven	Participant Consent Form
Appendix Eight	Semi-structured interview questions
Appendix Nine	Flowchart for transcript analysis
Appendix Ten	Transcript analysis
Appendix Eleven	Superordinate theme table-top sorting exercise

Abbreviations

HSB	Harmful Sexual Behaviours
SEBD	Social, Emotional and Behavioural Difficulties
SEMH	Social, Emotional and Mental Health
IPA	Interpretative Phenomenological Analysis
ADHD	Attention Deficit Hyperactivity Disorder
SEN	Special educational Need
CAMHS	Children and Adolescent Mental Health Services
UK	United Kingdom
USA	United States of America
NSPCC	National Society for the Prevention of Cruelty to Children

PART ONE: SETTING THE SCENE

Chapter 1: Rationale for this Thesis

This research was undertaken in partial fulfilment of the requirements for a professional doctorate studied at Cardiff University. The study aimed to explore the lived experiences of harmful sexual behaviours at school by conducting a qualitative Interpretative Phenomenological Analysis (IPA) of the lived experiences of nine participants, employed at two special schools and one mainstream primary school, within two local authority boundaries. Relevant research into harmful sexual behaviours was explored and the research methodology explained. Findings from data collection and analyses are revealed and recommendations made for future practice.

The influence for the study topic emerged from my own experiences of child-on-child harmful sexual behaviours (HSB) whilst practising as a registered nurse at a secondary special SEBD school (Social, Emotional, Behavioural Difficulties). My experiences were predominantly that of uncertainty and confusion as to how I should respond, particularly as there was little external support, and consequently whether the lived experience of professionals at other schools was similar. This thesis will therefore focus on the lived experience and voice of teachers when child-on-child HSB occurs and not the experiences of children.

1.1 Charlie

My own lived experiences of child-on-child HSB are most vividly recalled when thinking about Charlie (name changed) a pupil who arrived at the school the same time as me. He was the eldest of 3 siblings, an intelligent, likeable and quiet child who came to the school at the age of 11 years as a weekly residential pupil accommodated under section 20 of the Children Act (1989). He was supported by a Statement of Educational Need due to a diagnosis of ADHD (Attention Deficit Hyperactivity Disorder) and lived with his foster family during the week whilst at school, returning to his birth family at weekends and during school holidays.

Charlie had experienced multiple foster placement moves over a short period of time due to his exhibition of sexualised behaviours towards other children. These had become increasingly aggressive. He exhibited sexual behaviours towards other children both at home and in the community, and with his peers at school. These behaviours included grooming younger children at school, exposing and photographing his own and others' genitals and masturbating on school premises, including school transport. Most incidents resulted in the school referring Charlie to child social services or to the police, however, many of these referrals resulted in little or no action being taken. For example, child protection referrals resulted in no action being taken.

Charlie, like the majority of children who exhibited sexualised behaviours at the school, was not referred to assessment and intervention services by their local authority. Charlie was not referred because his local authority deemed the service to be too costly. Instead, the school agreed to deliver intervention sessions for Charlie, to be led by myself and one male colleague. Neither of us had been provided with any training but were instead supervised and supported by Charlie's educational psychologist and an independent social worker who specialised in harmful sexual behaviours. Although guidance was in existence at the time (Hackett and Taylor 2008) this was unknown to us and never referred to by anyone else.

The outcomes of these weekly sessions were ultimately disappointing. My colleague and I felt we had been unable to alter Charlie's behaviour which continued. Despite this, Charlie did feel he was able to communicate with us as a means of ongoing support, usually demonstrated by his attempts to find either one of us before the teachers did, to let us know that he was likely to be the subject of yet another allegation.

In the next section, I will discuss the system of schools in the UK including special education provision.

1.2 Schools in the United Kingdom

This section outlines the current system of education in the UK, showing the types and range of schools, including special schools and their responsibilities towards children provided with a statement of educational need.

Figures released through the school census in January 2018 revealed 8.74 million pupils attended schools across England. These included independent schools and state funded primary and secondary schools. Of the 8.74 million pupils, almost 3.8 million attend academies and free schools whilst 2.3 million attend secondary schools and more than 1.4 million attend primary schools (Department for Education 2018d). At the time of writing, state schools comprise:

- Community schools controlled by the local council without influence by business or religious groups.
- Foundation and voluntary schools which experience increased operational freedom than community schools.
- Academies independently controlled by a governing body with the option to be able to follow a different curriculum.
- Grammar schools, run by the council, a foundation body or a trust selecting all or most of their pupils based on academic ability.

Academies are publicly funded independent schools which do not have to follow the national curriculum but must abide by the same rules on admissions, special educational needs and exclusion as for other state schools. Sponsors include businesses, universities, other schools, faith groups or voluntary groups. Other types of school, such as free schools, funded by the Government but not run by the local council may be established by charities, universities, independent schools, community and faith groups, teachers, parents and businesses. Every school, whether a special school or not, is required to identify and address the needs of SEND (Special Educational Need and Disabilities) pupils and to have processes in place to help them manage disruptive behaviour so that it does not affect other pupils. Schools are required to work closely with local authorities and others to agree access to services such as educational psychologists, therapists and Child and Adolescent Mental Health Services (CAMHS) (Department for Education 2015).

Special education schools provide education for children who possess a special educational need or difficulty/disability that cannot be met at mainstream school (Department for Education 2018a). Fifty six percent of Looked-After children are provided with a statement of educational need, as are 14.6% of the total pupil population, a figure that is increasing year on year and more prevalent in boys than girls (Department for Education 2018e). The most common form of need was for social, emotional and mental health (Department for Education 2018c).

More than one thousand state-funded and non-maintained special schools exist in England, with Autistic Spectrum Disorder the most commonly approved provision type (Department for Education 2018e). Schools for pupils aged 11 years and above specialise in 1 of the 4 areas of special educational need:

- Communication and interaction.
- Cognition and learning.
- Social, emotional and mental health.
- Sensory and physical needs.

Up until 2015 behavioural difficulties were referred to as BESD (Behavioural, emotional and social difficulties) or SEBD (Social, emotional and behavioural difficulties). In January 2015 this was updated to social, emotional and mental health to cover challenging, disruptive or disturbing behaviour. These behaviours reflect underlying mental health difficulties such as anxiety or depression and self-harming plus disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder (Department for Education 2015).

Learning difficulties such as dyspraxia, dyslexia and attention deficit hyperactivity disorder (ADHD) do not affect general intelligence, whereas learning disability is linked to cognitive impairment (Foundation for People with Learning Disabilities 2018). This means children with a learning disability may experience difficulties in acquiring new information and skills (National Health Service 2018), and therefore lack understanding about inappropriate sexualised behaviour.

Chapter 2: Child-on-Child Harmful Sexual Behaviour

This section will discuss multiple definitions of HSB and comparison documents showing normally and not normally expected behaviours and prevalence.

2.1 Definition

Inappropriate sexualised behaviours exhibited by children were brought to public attention through the publication of a National Children's Home report which revealed sexualised behaviours between children occurring across all homes within the organisation (National Children's Home 1992).

The term sexually harmful behaviours is often used interchangeably with the term harmful sexual behaviours, leading to inconsistency and a lack of unified approach (Visser 2003). Recommendations made for one simple term to cover all forms of inappropriate sexual behaviours in children (Elkovitch et al. 2009) have recently been re-confirmed in a key document submitted to the Independent Inquiry into Child Sexual Abuse (IICSA) (Hackett 2018). This report confirmed the use of the phrase peer on peer abuse to be an insufficient description of child-on-child HSB. Thus, aside from the early study documentation as presented in the appendices and literature references within which the term 'sexually harmful behaviours' was used, the term harmful sexual behaviours (HSB) will be used throughout the remainder of this thesis.

Various definitions of HSB exist. For example, the NSPCC (National Society for the Prevention of Cruelty to Children) defines HSB as an aggressive or manipulative sexual interaction that occurs without the consent of the victim (NSPCC 2002). HSB conducted online became known as 'Technology Assisted HSB' (Belton and Hollis 2016), and a further definition stated that:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult (Hackett et al. 2016)

In 2018 the NSPCC provided an updated definition of HSB to include the use of sexually explicit words and phrases, inappropriate touching, using sexual violence or threats and full penetrative sex with other children or adults (NSPCC 2018c). Ultimately, whichever definition is referred to, children who develop harmful sexual behaviour are likely to harm both themselves and others (NSPCC 2018c). Therefore, it is useful at this stage to consider in more depth, the type of behaviours that contribute to the definitions of HSB. Ryan (2000) presents a behaviour identification sheet (Ryan 2000a), Hackett (2010) presents a model of a continuum of behaviours (Hackett 2010) whilst the NSPCC reveal healthy age-related childhood sexual behaviours (NSPCC 2017). The NSPCC model shows what normal is, which helps professionals to be able to identify behaviours outside this and address the situation or intervene. For example, within the Harmful Sexual Behaviour Framework (Hackett et al. 2019) a continuum of behaviours (Hackett 2010) demonstrates the range between normal and violent (Table 1).

Table 1: A continuum of behaviours (Hackett 2010).

Normal behaviours	Developmentally expected Socially acceptable Consensual, mutual, reciprocal Shared decision making
Inappropriate behaviours	Single instances of inappropriate behaviour Socially acceptable behaviour within peer group Context for behaviour may be inappropriate Generally consensual and reciprocal
Problematic behaviours	Problematic and concerning behaviours Developmentally unusual and socially unexpected No overt elements of victimisation Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity
Abusive behaviours	Victimising intent or outcome Includes misuse of power Coercion and force to ensure victim compliance Intrusive Informed consent lacking or not able to be freely given by victim May include elements of expressive violence
Violent	Violent behaviours are expressed as: Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/or sexually arousing to the perpetrator Sadism

Using the model presented by Hackett (2010) and Ryan (2000) a clear progression may be observed between the behaviours that are considered normally expected though those that are unacceptable, to those that are abusive and violent. For example, normalised behaviours might exhibit as consensual decision making (Hackett 2010) that involves the use of sexualised language between peers or mutual exploration and occasional masturbation without penetration (Ryan 2000a). Inappropriate behaviours may be single instances of behaviour which although they might be acceptable for the social group involved, are inappropriate in terms of context (Hackett 2010). These may exhibit for example, as preoccupation with sexual themes or masturbation, attempts to expose another's genitals or precocious

sexual knowledge (Ryan 2000a). Behaviours considered problematic are considered developmentally unusual and may include compulsivity or lack of reciprocity (Hackett 2010) exhibited as sexually explicit conversations with a significant age difference, peeping, task interruption to masturbate and simulating intercourse (Ryan 2000a); abusive and violent behaviours exhibit as misuse of power, coercion and lack of informed consent through to physically violent and sadistic behaviour (Hackett 2010) exhibited as oral, anal or vaginal penetration of dolls, children and animals or forced exposure of genitals (Ryan 2000a). Thus, the information contained in Tables 1, 2 and 16 (pg. 168) are important to consider because of the useful information contained within them, and because some sexualised behaviours will require correction and intervention at school. The need for schools to be aware of when child sexual behaviours become unacceptable is therefore established.

Table 2: Sexualised behaviours in children

Healthy age-related childhood sexual behaviour (NSPCC 2017)		Occurring at any age	Behaviour identification sheet (Ryan 2000a)
Infancy 0-4 years	<ul style="list-style-type: none"> • kissing and hugging • showing curiosity about private body parts • talking about private body parts and using words like poo, willy and bum • playing "house" or "doctors and nurses" type games with other children • touching, rubbing or showing off their genitals or masturbating as a comforting habit. 	Normal and developmentally expected behaviours	<ul style="list-style-type: none"> • Genital or Reproduction conversations with peers or similar age siblings • Show me yours/ I'll show you mine with peers • Playing 'doctor' • Occasional masturbation without penetration • Imitating seduction (i.e. kissing, flirting) • Dirty words or jokes within cultural or peer group norm
Young children 5-9 years	<ul style="list-style-type: none"> • kissing and hugging • showing curiosity about private body parts but respecting privacy • talking about private body parts and sometimes showing them off • trying to shock by using words like poo, willy and bum • using swear and sex words they've heard other people say • playing "house" or "doctors and nurses" type games with other children • touching, rubbing or showing others their private parts 	Behaviours requiring an adult response	<ul style="list-style-type: none"> • Preoccupation with sexual themes (especially sexually aggressive) • Attempting to expose others' genitals (i.e. pulling other's skirt up or pants down) • Sexually explicit conversations with peers • Sexual graffiti (esp. chronic or impacting individuals) • Sexual innuendo/ teasing/ embarrassment of others • Precocious sexual knowledge • Single occurrences of peeping/ exposing/obscenities/pornographic interest/ frottage • Preoccupation with masturbation • Mutual masturbation/ group masturbation • Simulating foreplay with dolls or peers with clothing on (i.e. petting, French kissing)

Healthy age-related childhood sexual behaviour (NSPCC 2017)		Occurring at any age	Behaviour identification sheet (Ryan 2000a)
Pre-adolescents 10-12 years	<ul style="list-style-type: none"> • kissing, hugging and 'dating' other children • being interested in other people's body parts and the changes that happen in puberty • asking about relationships and sexual behaviour • looking for information about sex, this might lead to finding online porn • masturbating in private. 	Behaviours requiring correction	<ul style="list-style-type: none"> • Sexually explicit conversations with significant age difference • Touching genitals of others without permission • Degradation/ humiliation of self or others with sexual themes • Inducing fear/ threats of force • Sexually explicit proposals/ threats including written notes • Repeated or chronic peeping/ exposing/ obscenities/pornographic interests/ frottage • Compulsive masturbation/ task interruption to masturbate • Masturbation which includes vaginal or anal penetration • Simulating intercourse with dolls, peers, animals, with clothing on
Adolescents 13-16 years	<ul style="list-style-type: none"> • kissing, hugging, dating and forming longer-lasting relationships • being interested in and asking questions about body parts, relationships and sexuality • using sexual language and talking about sex with friends • looking for sexual pictures or online porn • masturbating in private and experimenting sexually with the same age group. 	Behaviours that are always problematic and require intervention	<ul style="list-style-type: none"> • Oral, vaginal, anal penetration of dolls, children, animals • Forced exposure of others' genitals • Simulating intercourse with peers' clothing off • Any genital injury or bleeding not explained by accidental causes

2.2 Prevalence

Children are most likely to exhibit HSB in their own homes, with schools the second most likely place for behaviours to occur (Erooga and Masson 2006). Research undertaken during the years 2003 and 2004 showed that children and young people between the ages of 10 and 21 years accounted for 65% of all cautions and reprimands for sexual offences across England and Wales (Erooga and Masson 2006). Whilst these figures are not up to date, Erooga and Masson (2006) raised an important issue in that all offenders under the age of ten years were not accounted for due to this being the minimum age for criminal responsibility in the UK. Actual numbers may therefore be much higher (Erooga and Masson 2006).

Two-thirds of the sexual abuse experienced by children is said to be perpetrated by other children below the age of 18 years (Radford et al. 2011). However, research confirms that when provided with the correct support and intervention most children will not become adult offenders and that non-sexual crimes may be more prevalent (Hackett et al. 2012; Boswell et al. 2014). A recent meta-analysis conducted in the USA explored 106 global studies that were carried out between 1938 and 2014, involving 33,783 cases of young sexual offenders with an average age of 14.96 years and an average follow up time of 58.98 months (Caldwell 2016). A 73% decline in offending rates was revealed by comparing recidivism rates from studies conducted during the years 1980 and 1995 (10.3%) and those conducted between 2000 and 2015 (2.75%). Thus, at the time of publication, the sexual recidivism rate of young sexual offenders was considered to be below 3% (Caldwell 2016). Although the data supported a decline in the rates of sexually inappropriate behaviour of adolescents during recent decades, the analysis does not offer reasons as to why this might be, rather recommending further study (Caldwell 2016). Moreover, Caldwell (2016) asserts that despite the reduction in recidivism rates, the findings in this study should not be interpreted as meaning sexual coercion and violence among adolescents is a minor social problem (Caldwell 2016).

Although Caldwell (2016) reports a global decline in sexually inappropriate behaviour of adolescents, recent data in the UK has reported a rise, suggesting that is becoming an increasingly significant problem. According to Barnados (2017), the number of recorded cases of children committing sexual offences against other

children between the years 2013 and 2016 rose by 78% across England and Wales (Barnado's 2017). This national charity warned that:

child-on-child sexual abuse threatened to become the next major child protection issue..... too long has (HSB) gone unreported and not been understood (Barnado's 2017).

Thus, Barnados raised an important point about the lack of recognition and understanding about children who sexually abuse other children. In 2016, the Women and Equalities Committee of the House of Commons published the outcome of an inquiry into the scale and impact of sexual harassment and violence in schools across England (House of Commons 2016). Data collected from police forces across England (BBC 2015) revealed 5,500 alleged sexual offences and 600 incidents of rape took place on school premises during the years 2012 and 2015. Victims and alleged perpetrators were reported to be as young as five years old. The committee concluded that:

sexual harassment and abuse of girls as an accepted part of daily life; children of primary school age learning about sex and relationships through exposure to hard-core pornography; teachers accepting sexual harassment as being "just banter"; and parents struggling to know how they can best support their children (House of Commons 2016)

These statements were supported by an audit of counselling sessions conducted by Childline during 2017. This revealed more than three thousand children, half of whom were aged between 12 and 15 years old, had discussed their experiences of sexual abuse by another young person. More than one hundred children were aged 11 years or below (NSPCC 2018a). These findings suggest the lack of disclosure and/or support for children, including at school.

The next section will discuss national and school-based guidance for child-on-child harmful sexual behaviour.

Chapter 3: National and School based Guidance

This section will discuss both national guidance and school-based guidance for the management of child-on-child HSB and explore their relevance for the school setting. It will conclude that guidance does not take account of the lived experience of child-on-child HSB at school.

3.1 National guidance

References to children exhibiting harmful sexual behaviours has been omitted within statutory guidance for working with children since 1995 (Hackett 2018) meaning specialist intervention services have emerged (The Aim Project 1999-2014; Barnado's 2000; G-map Services 2014; Belton 2017). Guidance, aimed at supporting professionals to respond to HSB was published in 2016 (NICE 2016). Written jointly by the Department of Health, the Care Services Partnership and National Institute for Mental Health in England this document superseded Home Office guidance published ten years earlier (Whittle et al. 2006). The NICE (2016) guidance offers assistance for professionals working with 'children', identified as being below the age of 10 years and 'young people', identified as being aged between 10 and 18 years. The guidance also covers young people up to the age of 25 years, and who have special educational needs or a disability (NICE 2016).

Key identified strategies include:

- Agreed thresholds for intervention, available for all professionals, including education
- Enhanced information sharing across all agencies, including education, to include clarity about how much and to whom information is shared
- Agreement as to which service accepts referrals for children exhibiting HSB; may include child and adolescent mental health services (CAMHS), children's social services and voluntary sector organisations such as Barnardo's or the NSPCC

Whilst this guidance is not mandatory it nevertheless advises the development of regional and multi-agency strategies and risk assessment tools to inform interventions tailored to the needs of each child. For example, named safeguarding leads across universal services should be immediately informed when a child is found to be exhibiting sexualised behaviours inappropriate for their age. This should be followed by referral of the child for risk assessment by identified services with specialised skills, with the aim of providing early help for children and families, focusing on the child, not the behaviours (NICE 2016). Thus, the importance of information sharing, the involvement of educational professionals, Child and Adolescent Mental Health and children's social services are all confirmed.

Criticisms of the NICE (2016) guidance highlighted the lack of definition for HSB (Torjesen 2016) and also the lack of detail regarding normal and inappropriate sexual behaviours. Absent also, was any reference to gender, background or the neurodevelopmental stages of children and how these omissions impacted upon a potential inequality of assessment and service delivery. A lack of understanding as to how and where children exhibiting HSB fitted into the social care system means insufficient advice was provided for practitioners, especially those working with Looked-After Children (The Lancet 2016). Moreover, concerns were raised at the ease with which children were able to access sexual imagery at a young age, via technology and social media:

sexualised imagery can affect everyone's attitudes, beliefs, values, and behaviour (Lancet 2016 p. 1350).

This was raised as being potentially true for anyone working with children exhibiting HSB (Lancet 2016) meaning professionals may also be negatively influenced by sexualised imagery.

Research shows that when developing child protection guidance, consultation with professionals who work with children is required to ensure successful implementation (Rawlings et al. 2014). This is important because the lack of consultation with school professionals is a notable omission in the NICE guidance (NICE 2016). School professionals are instead advised to consult alternative

guidance for pre-school children (NICE 2012); primary education (NICE 2008); and secondary education (NICE 2009). However, these guidance documents may be of little assistance to schools as none refer to children exhibiting HSB.

Guidance around responding to HSB is offered as a further element of the Harmful Sexual Behaviour Framework (Hackett et al. 2019). This framework includes identification, assessment and audit tools, suggestions for referral pathways, interventions and workforce development strategies. Contained also within the framework is a continuum of responses, suggested as a means to address the range of behaviours exhibited and as a means of meeting the child's needs (Table 3). Responses range between support, case management and coordination of frontline services through to support by community teams such as CAMHS (Children and Adolescent Mental Health Services) and the voluntary sector. Therapeutic interventions, assessment of the child's needs and family involvement occur, through to specialist regional services, training programmes, and therapeutic residential facilities and provision in secure settings (Hackett et al. 2019).

Table 3: A continuum of responses to HSB (Hackett et al. 2019).	
A	Support, case management and coordination in frontline settings supported by specialised services as needed.
B	Community-based teams, including CAHMS and the voluntary sector (such as the NSPCC or Barnardo's) at local level, who can assess and offer interventions to children and young people (and their parents, carers and families) presenting with problematic and abusive sexual behaviours, supported where necessary with input from a regional specialist service with consultation and training. Community-based teams would be well-placed to provide consultation and advice to schools on children presenting with sexual behaviour problems in educational settings.
C	Network of specialist regional services that provide case consultation, teaching and training programmes to facilitate local services and to provide direct interventions in complex cases where young people present with complex needs and risk profiles, including serious mental health concerns and learning difficulties/disabilities.
D	Small number of therapeutic residential facilities for children and young people displaying HSB based around the UK to allow for intensive, supervised treatment of children whose needs cannot be met safely in the community.
E	Provision in secure settings, for comprehensive assessments and interventions that address the young person's risks and needs, linked to sentence planning and transitions within the secure estate and to the community.

It is useful to note that the involvement of schools as frontline settings occurs in the majority of responses and before the child might access specific therapeutic residential or secure settings. Thus, the importance of the need for schools to understand, respond and be involved in interventions for child-on-child HSB is established.

3.2 Guidance for schools

Guidance published specifically for schools asserts that children who abuse other children should not be thought of as miniature versions of adult sex offenders (Hackett and Taylor 2008). Writing in *Safeguarding Children and Schools*, Hackett and Taylor (2008) implied that most cases of HSB could be safely maintained at school. However, some schools face difficulties when distinguishing between behaviours of concern compared to those of normal sexual development, leading to children being incorrectly labelled (Hackett and Taylor 2008). Examples of sexualised behaviours accompanied by advice as to how to respond were therefore included (Appendix one). These included at level one, the lowest level of concern, highlighting single episodes of sexualised behaviour that should be dealt with through anti-bullying policies. At the other end of the scale, level four highlights that sexualised behaviours which include aggression and violence are the most intrusive and therefore require child protection, specialist assessment and referral for specialist intervention (Hackett and Taylor 2008). Moreover, school-based interventions should consider all aspects of the child's life and maintain school involvement, ensuring staff are fully informed of potential impacts upon the child.

Information sharing is an established and essential component of effective child protection systems which, when poorly managed, can result in missed opportunities to keep children safe from harm (HM Government 2018). The importance of information sharing is highlighted in the report of a joint inspection carried out by CSSIW (Care Standards Inspectorate Wales), CQC (Care Quality Commission), Estyn, HIW (Health Improvement Wales), HMI Constabulary and prisons and Ofsted (Fox 2013).

The report revealed reluctance amongst multi-agency professionals to share information with schools, stating:

We were surprised to find that some workers in the cases in our sample were reluctant to share information with education establishments, fearing that this might be detrimental to the child or young person. Schools are a rich source of information about a child or young person's behaviour, but in the cases examined were rarely included in multi-agency strategy discussions or subsequent meetings (Fox 2013 page 9)

This report highlighted that the safety of the victim was not always given sufficient attention at school (Fox 2013). Further research showed that assessment frameworks were hampered by inconsistent application by professionals (Smith et al. 2014). This indicated a lack of joined-up approach to HSB and the labelling of children as sex offenders which could result in their continued involvement with the criminal justice system (Smith et al. 2014).

Moreover, a recently published operational framework developed for schools noted that a significant proportion of referrals for multi-agency assistance emerged from educational establishments, thus confirming their place in recognising child-on-child HSB (Hackett et al. 2016). This framework provided schools with audit and analysis tools aimed to assist with multi-agency decisions about response, assessment, intervention, prevention and workforce development. School staff are advised to work with both children and their families to ensure the provision of sex and relationships education within the personal, social, health and economic education (PSHE) curriculum, to facilitate conversations about sex and consent (Hackett et al. 2016).

An updated briefing document (NSPCC 2018b) supports this approach, emphasising responses to child-on-child HSB. These include:

- A continuum of responses to children and young people displaying HSB.
- Prevention, identification and early assessment.
- Effective assessment and referral pathways.
- Interventions
- Workforce development.

Recent further guidance (Department for Education 2018b), although aimed specifically at educational environments, includes only a small section on child-on-child sexual violence and harassment, mentioning harmful sexual behaviours only briefly (Department for Education 2018b). No mention was made within any piece of guidance, about the lived experiences of teachers when witnessing child-on-child HSB.

In summary, the limited amount of guidance has highlighted the need for a multi-agency approach to child-on-child HSB, to include better sharing of information to protect children. For this guidance to be successful, the implementation of robust national and local multi-agency policies and procedures for child-on-child HSB is required. However, each piece of guidance fails to recognise or consider the lived experience of child-on-child HSB at school. This means that professionals working with children may not be fully supported and may respond in inconsistent ways.

Part one of this thesis has focused on child-on-child HSB, revealing definitions, prevalence, normally expected and not normally expected sexualised behaviours in children and current guidance. Part two will present the literature review and development of the study question.

PART TWO: LITERATURE REVIEW

Chapter 4: Developing the Study

This section presents the development of the study question, the search criteria and findings of the literature review. Based on the inclusion and exclusion criteria very few studies were returned. Findings of the literature review were focused on attitudes and beliefs about child-on-child HSB and the presentation of child-on-child HSB at school.

4.1 The study question

Smith et al (2009) suggest that to conduct a formal literature review within IPA methodology is often unnecessary, a view which reflects Husserl's avoidance of pre-conceptions and beliefs about the topic under study (Smith et al. 2009). However, Heidegger asserted that the avoidance of pre-conceptions is not possible and therefore I decided to conduct a literature review for two reasons. The first reason was the probable existence of my own pre-existing beliefs because of my previous work in this subject. The second reason was the opportunity to synthesise existing literature, broaden my perspective and help to inform my questioning.

The literature review aimed to reach studies that explored the lived experience of teachers working with child-on-child HSB at school. Thus, the research question was:

What are teachers' lived experiences of children exhibiting harmful sexual behaviours at school?

A preliminary search of CINAHL, Medline, Embase and PubMed databases was used to assist in the development of keywords for the inclusion and exclusion criteria. However, these preliminary searches returned no literature relating to teachers experiences of child-on-child HSB at school. The inclusion of the word 'experience' repeatedly returned a null response in my searches. Moreover, searches of the Cochrane database (The Cochrane Collaboration 2014), the Joanna Briggs Institute (JBI 2014) and DARE (University of York 2014) concluded

and confirmed that no studies into teachers' lived experiences of child-on-child HSB at school existed.

Having failed to find relevant literature confirmed the need for a literature review to ensure that studies had not been missed. Moreover, because I wanted to explore the lived experience of child-on-child HSB from the perspective of the teachers, I needed to ensure that I allowed for the emergence of studies exploring experience of other professionals and adults. Thus, the search question was broadened out to enable capture of as much literature as possible that was related to children, harmful sexual behaviour and schools. Keywords included harmful, sexual, child, adolescent, abuse and school.

4.2 The Search Strategy

The study question was further developed through the use of an acronym, various versions of which exist to support both qualitative and quantitative search strategies (Mace-Michalik 2018). However, some acronyms are considered to be improvements over others. For example, in quantitative research, 'SPIDER' (Sample, Phenomenon of Interest, Design and Evaluation) is advocated as an improvement over 'PICO' (Patient or Population, Intervention, Comparator and Outcomes) (Cooke et al. 2012).

Conversely, in a comparative study of search strategies Methley et al. (2014) revealed a higher number of documents using 'PICO' as compared to 'SPIDER' by adding the letter 'S' to indicate study design. Outcomes showed equal or higher sensitivity with 'PICOS' than with 'SPIDER' meaning the former was recommended as a fully comprehensive search tool across both qualitative and quantitative paradigms (Methley et al. 2014). This was confirmed by Stern et al. (2014) using the acronym 'PICO' (Population, Interest and Context), also modified from 'PICO', and considered to be useful for qualitative research particularly when focused upon lived experience and human behaviours (Stern et al. 2014). I therefore chose 'PICO' as my search acronym to ensure achieving the greatest number of literature returns.

The keywords for the literature search were broken down into sections using the acronym 'PICO' (Population, Interest and Context), (Stern et al. 2014) thus:

- P - Population: child and or children, adolescent and or adolescence, young sexual abuser, characteristics
- I - Interest: sexually harmful behaviour and or harmful sexual behaviour
- Co – Context: school

Boolean connectors 'and'/'or' were used to connect the search terms which resulted in School* AND Child* OR Adolescent* OR characteristics* OR Young sexual abuser AND Sexually harmful behaviour*OR Harmful sexual behaviour. As discussed previously because the term sexually harmful behaviour is often

interchanged in the literature with harmful sexual behaviours both terms were included in the search strategy to avoid missing relevant studies.

The inclusion criteria included qualitative studies subjected to peer review exploring the lived experiences of HSB from any environment, but especially with reference to schools. No time restrictions were applied to the search due to the apparent paucity of the literature available. Exclusion criteria removed studies involving adults aged 18 years and above because I wanted to find literature related to children as defined in English law (Department for Education 2014). Studies not written in English were excluded (Table 4).

Table 4: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Peer reviews qualitative studies	Adults 18 years and over
Lived experience of child on child HSB in school setting	Studies not written in the English language
Lived experience of child on child HSB in any setting	
Studies with reference to children below the age of 18 years	

4.3 Databases Searched

Research shows that a replicable, robust and systematic search strategy is required to ensure internal reliability (Wright et al. 2007). A systematic search of databases, adhering to the inclusion/exclusion criteria, was conducted using the following databases CINAHL, MEDLINE/PubMed, British Nursing Index (BNI), PsycINFO, PsycARTICLES, ASSIA (Applied Social Sciences Index and Abstracts). Hand searching of the returned literature was conducted to ensure finding studies which described adult experiences of children who exhibit HSB, reach saturation of the data, avoid missing health sector research which may not be easily identifiable (Armstrong et al. 2005), and to avoid bias (Vassar et al. 2016). Unpublished or grey literature was searched using 'Open Grey' (Creative Commons 2014). The literature was searched until March 2018, with Zetoc alerts set after this date to ensure newly published studies would be included in the final thesis document. Hand searching of the returned literature was conducted to ensure that I avoided missing any health sector research which may not be easily identifiable (Armstrong et al. 2005) and to avoid bias (Vassar et al. 2016). It is useful to note that hand searching was the most successful method of finding literature related to adult and professional experiences of children who exhibit HSB, confirming the dearth of literature on this area and especially within schools.

4.4 Description of the returned data

The database search retrieved both quantitative and qualitative studies as well as several journal articles and opinion pieces, most of which emanated from the UK with very few from the USA and elsewhere. By applying the inclusion and exclusion criteria this reduced the returned literature to nine items that were retained for the review (Appendix Two). In terms of cultural context, of the nine studies chosen for the review, 8 were based in the UK and 1 in the USA, thus a general preference for UK studies was noted.

The scope of studies retrieved included practitioner, family, school and community experiences of children exhibiting harmful sexual behaviours. A full list of the

returned references was retained accompanied by supporting data and is shown in Appendix Three.

The majority of returned studies were published in the following journals; Child Abuse Review, Journal of Sexual Aggression (NOTA 2014), British Journal of Psychiatry, Child Abuse and Neglect and Journal of Child and Adolescent Behaviour (OMICS Publishing group 2014). Studies not subjected to peer review were removed from the literature review as were studies that included composite cases of children exhibiting HSB. A number of studies were noted to be based on identical subsets of cases, primarily for the purposes of exploring alternative aspects of the same data, and where this was the case, this has been highlighted. A further number of studies were found to have reviewed data extracted from case files of children referred to assessment and intervention services and therefore not originally intended for research purposes. This meant some aspects of the data was incomplete and representative of the opinions of the individual completing the assessment at the time (Almond et al. 2006).

Chapter 5: The Literature review

As discussed in the previous section, no studies exploring the experience of child-on-child HSB at school were returned. This section will discuss the findings of the analysis of the nine studies retained for review, presented within two themes:

- Theme one: HSB: Attitudes, beliefs and labels
- Theme two: HSB in the school setting

Theme one will discuss professional, parental and community experiences of child-on-child HSB, plus attitudes, beliefs and labels applied to children. Theme two will discuss the extent to which child-on-child HSB occurs in schools.

5.1 Theme one: HSB: Attitudes, beliefs and labels

The experiences of professionals working with children who sexually abuse other children was studied in the UK within the context of one social services department (Hall 2006). At the time of study, this department was responding to national guidance (Department of Health 1999), newly published at the time. This mixed method study collected data in two stages. The first being the gathering of child protection case file data from within a specified 12-month period and the second by conducting semi-structured interviews with the social workers who had completed the files. A total of 14 case files were examined. The quantitative element of the study sought to explore how referrals were responded to and whether a case conference had been held. The qualitative element showed workers to be using the guidelines in different ways.

Findings revealed that whilst the guidance was well received and actively used at a local level, variations existed in the way assessments were carried out. For example, some workers had interviewed the child whilst others had not, choosing instead to directly approach schools, parents or carers for information. Workers attached importance to the guidance, some using it actively by referring to it prior to meeting with families, whilst others extracted the element considered to be most helpful. Difficulties were experienced due to the lack of information sharing between agencies and when parents refused to provide consent for them to work with their child. Moreover, the guidance contributed to worker's beliefs of being able to address HSB without the need for specialisation, especially at the early stages of intervention. This work was supported by highly valued co-working, supervision, training and time to be able to undertake the work required.

Thus, Hall (2006) was able to show the importance of guidance, the way in which it was used and how this benefited workers to respond to and manage HSB. Limitations included the small participant sample and time constraints in which to conduct the research (Hall 2006). Without literature exploring the lived experience of teachers working with HSB, this study offered a useful insight into the practice of child focused professionals using new national guidance within the context of responding to children who sexually abuse other children. Although the number of

cases explored was cited as a limitation, this number is consistent with qualitative research.

Professional attitudes and beliefs about children who exhibit HSB were explored in a further UK based study (Vosmer et al. 2009), using a Delphi methodology (Thangaratinam and Redman 2005). Delphi methodologies may be varied in their design, but usually commence with a qualitative round intended to ask specific questions of participants considered to be experts in their field. They are therefore considered useful in subject areas where research studies are limited and where the topic, as observed in child-on-child HSB, might be controversial (Hasson et al. 2000). Preparing for this study, Vosmer et al (2009) conducted a literature search of studies in the USA between 1988-2007 which revealed professional disagreement as to normal and not normally expected sexualised behaviours in children below the age of 10 years. Outcomes of that literature search uncovered 18 different labels that were being applied to children who exhibited HSB, including '*child sex offender*', '*child sex abuser*' and '*inappropriate sexual behaviours*'. The use of these terms suggest that children may be stereotyped, which could have long term implications for the child.

Vosmer et al (2009) had two main aims, the first to uncover professional views about which child sexualised behaviours were considered harmful and the second, to uncover what language was used to describe both the HSB and the child themselves. Twenty-four professionals labelled as 'experts' were purposively sourced. This group, the majority of whom were female, included social workers, nurses, psychologists and academics, sourced from agencies known to be providing services for children exhibiting HSB, conference delegate lists and internet literature searches. A total of sixty professionals were initially contacted with 27 responding to the first round of the study and 24 of the same professionals responding to rounds two and three. Vosmer selected only professionals who could show experience of one of four criteria associated with working with children who exhibited HSB. This included professionals with three or more years' experience of working with children, those deemed to be decision makers in the topic in that they were a manager of a relevant service for example, had published at least once on the subject of HSB or

had presented nationally. Professional groups possessed between 3 and 22 years of experience.

Three rounds of questionnaires were used, the first being informed by literature, the second consisting of a series of statements and the third which sought practitioner responses to the outcomes of the second round. The findings revealed levels of agreement referred to as high, medium or low consensus that the professionals reached in response to a series of statements concerning children below the age of ten years, who exhibited HSB. High consensus was established if more than 80% of professionals agreed or disagreed with the statements as presented to them, medium consensus was defined as between 65 and 79% and low consensus set between 51 and 64%.

Findings showed complete consensus regarding behaviours of concern which included:

- sexualised aggression, threats and violence
- engaging in sexual activities beyond the child's physical age
- behaviours which caused complaints from other children, and
- inserting objects into the private parts of another child

High, but incomplete consensus (88%) was shown regarding children not being referred to as '*sex offender*' and '*sexual abuser*'. Consensus was not achieved regarding children demanding oral sex (96%), sexual contact with pets, pre-occupation with sexual matters and compulsive masturbation (92%). Moreover, high but not full consensus was achieved regarding children below the age of ten years engaging in sexual intercourse, any kind of oral sex, sexualised play with a vulnerable child or asking to be touched sexually by an adult.

Medium consensus was achieved regarding children engaging sexually with other children more than two years younger than themselves, not stopping the behaviours when asked to do so by an adult, engaging in same age consensual sex and inserting objects into the anus. Low consensus was achieved with regards to children simulating sex with clothes on, gyrating with another child, using toys or animals to simulate foreplay or mutual masturbation with another child. All respondents agreed that the age range of 0 and 10 years was too large to enable them to define what was acceptable behaviour and what was not. Thus, no professional agreement was achieved about what was appropriate behaviour in children below the age of five years, or whether children at the age of ten years knew what acceptable behaviour was. Limitations were expressed as being potential gender bias due to most expert professionals were female social workers (Vosmer et al. 2009).

This study indicated a wide lack of professional consensus regarding the acceptability of a range of sexual behaviours in children below the age of ten years. This suggests that more generalist practitioners would especially struggle to understand what acceptable behaviour is and conversely, what it is not. Professionals agreed their views had been influenced by literature and their own personal values. The research recommended a process of reflection for professionals to aid them to understand own personal values and beliefs in the context of HSB, although no guidance for this was observed.

A further mixed method study conducted in the UK explored professional support for social workers dealing with children who exhibit HSB (Almond 2013). The aim of the study was to explore issues of the impact upon, and support for, practitioners in the context of working with children who exhibit HSB. The study suggested the experience of working with HSB was often misunderstood, not acknowledged and rarely spoken about outside the working environment. The researcher, employed within the same service, collected quantitative demographic data via postal questionnaires and subsequently conducted semi-structured interviews with 16 purposively sampled practitioners. The aim was to uncover perceptions, meanings and emotions concerned with HSB practice. The participants, 13 females and 3 males, were recruited to the study via their team managers who acted as gatekeepers for the study. This aimed to ensure that no worker with less than two years' experience of working with child HSB was invited to participate in the study. Findings were reported under three main headings; Impact, Support and Supervision. The impact section incorporated feelings associated with the work including confidence, being valued, professional and personal emotional costs, environmental and organisational impact. The support section incorporated levels of support provided and wished for. The supervision section incorporated no other subsections.

Findings revealed the impact of working with HSB was as unique as the practitioner and therefore varied. Most respondents were positive about the work considering it to be professionally rewarding, enhancing personal development and experiences as a parent. The most negative impact was attributed to the organisation within which the practitioners worked. This revealed feelings of being undervalued, negative experiences of remote management and working in a target driven culture which contradicted principles of child centred practice.

Support and HSB supervision were considered important as was strong co-working described as crucial to preventing a negative impact. Female workers described feelings of increased feelings of vulnerability when working with HSB, which contrasted with the experiences of male workers who considered their gender enabled better conversations with male children (Almond 2013). Limitations expressed by the researcher were described as the small, predominantly female participant group chosen for their experience of HSB, introducing a sense of gender bias in the findings. A further bias existed in that the researcher worked in the department where the research took place. This introduced a sense of concern about potential limitations of responses to questions due to familiarity and the ability to remain objective (Almond 2013). The above studies, all conducted in the UK, revealed predominantly positive female social worker attitudes towards working with children who exhibit HSB.

A study conducted in the USA, aimed to explore the experiences, understanding and reactions of adults, namely parents, child care providers and child care licensing authorities to sexualised behaviours exhibited by children in child care settings (Martin 2014). This qualitative study extracted data from 44 special investigation reports that were publicly available from the Department of Human Services within twenty-five of the largest cities of Michigan. Data, which included details of sexualised incidents between children aged 2.5 to 11 years old, was subjected to an inductive, iterative process of coding examining three areas; seeing behaviours as sexual abuse; seeing them as ordinary; and seeing them as a childcare problem (Martin 2014).

Findings showed that adults interpreted the behaviours depending upon where they were in the structure of childcare. For example, parents, and particularly mothers, of children subjected to the sexualised behaviours of other children framed the behaviour as sexual abuse. This meant they considered their child to have been sexually abused. Examples given included a four-year old helping a three-year old with a 'diaper' who was accused of sexual abuse, a child reporting having her pants pulled down whilst another reported a toy being inserted into her vagina. These examples often led to children as young as 4 years old being labelled as '*sex abuser*' by the parents who then sought professional help from emergency hospital services, child psychiatrists, the police and child social services. Conversely, parents of the accused children re-framed the incident as misbehaviour (Martin 2014).

Staff employed at the child-care centres also labelled the sexualised incidents as '*misbehaviour*', indicating that children were just being naughty. This attitude was said to be based upon experience gained in the context of working with multiple children. However, attitudes varied widely towards what was inappropriate or not. This meant some behaviours were treated with humour. They were considered funny or trivial and resulted in parents reacting angrily. In one example, staff were observed to minimise the seriousness of the problem so as to avoid criticism for the lack of supervision and being seen to label the behaviour as curiosity.

Finally, the licensing authorities, equivalent to a UK based local authority and responsible for granting licenses to practice, appeared to ignore the child's sexualised behaviours, choosing instead to query the supervisory competency of staff and whether the alleged perpetrator had prior experience of sexual abuse in an alternative setting. This perspective was said to be linked to the experience of higher education and the possession of master's level knowledge about child legislation, which was thought to mean that employees possessed greater understandings about sexual behaviour indicative of prior abuse. Limitations of the study were noted as being the special investigation reports themselves, because employees of the licensing authorities had completed them, potentially introducing a bias towards the findings (Martin 2014). This study revealed three distinct groups with experiences of child sexualised behaviour; the parents, the childcare workers and the licensing authorities. The experience for the different groups was reported

to be directly related to their place within the structure of the service. Notwithstanding the assumptions made and where blame was laid, the study ultimately showed how the sexualised behaviours were not identified and addressed.

The final two studies in this theme are related to the experiences of HSB for families (Hackett et al. 2014) and communities (Hackett et al. 2015). Drawing upon previous research with reference to the impact of child sexualised behaviour in families, Hackett et al (2014) conducted a multi-site case file review aiming to assess family experiences of a child's sexualised behaviours. accessing a total of seven hundred files from across nine services in the UK. A stratified purposeful sampling approach identified 117 cases that included details of gender, ethnicity, disability, age at referral, number, gender and age of victims, family background and histories of trauma and types of behaviour displayed.

Case files were subsequently subjected to qualitative thematic analysis and coded into 4 themes; stigmatisation, social isolation, collateral damage and a contagion effect. Findings were categorised into three types of parental response to a child exhibiting HSB; anger exhibited towards the child; an ambivalent attitude about what the child had done; and an acceptance of the child's sexualised behaviours. Initial responses to a child's abuse, where recorded, were noted to be anger, fear and guilt at what had happened. Longer term responses by families were varied but overall were reported to be motivated by wanting to protect their children from re-abusing. Ambivalent responses were observed in more than one quarter of families who either denied the behaviour and the seriousness of it or were unable to confront it due to anxiety and because they did not consider it to be a problem. The findings showed these attitudes could shift over time, becoming more positive or vice versa more condemnatory. Recommendations made included the need for professional sensitivity when working with families and recognition of the needs of siblings. Limitations were reported as the cases file content being written from the perspective of the professional not the family, meaning essential data might be missing (Hackett et al. 2014).

The following year, Hackett et al (2015) utilised the same 117 case files to explore community responses to child sexual offending (Hackett et al. 2015). The authors drew on research suggesting that children labelled as '*sex offenders*' were more likely to be stigmatised and isolated. Using standard qualitative analysis, the data were coded and thematically grouped. The findings were categorised as; the contagion of community responses, courtesy stigma, information leakage, impact of community reactions on young people and longer-term consequences for young people.

Findings showed the contagion effect to be caused by the stigma of the label '*sex offender*' and information which spread quickly throughout the community, irrespective of the offence and which meant the child children were attacked, vilified and ostracised. Families were seen to be forced out of their homes, parents lost employment and siblings were attacked or ostracised. The community was most often made aware of a child's sexual offending by mothers and families of victims, but it was not unusual for the police, social services and the media to reveal a child's identity. Children became socially isolated and withdrawn with 80% suffering long term consequences that included unemployment, removal of own children by social services all of which ultimately led to family breakdown.

No positive community support was seen in any case file. Caution for policymakers when including children in notification of community sex offender policies was advised, as this can cause long term difficulties for the child (Hackett et al. 2015). Limitations were expressed as case file data which may have been influenced by professional perspectives. Thus, the case files used in both studies have shown the contagious and long-term negative impact of child-on-child HSB, within families and extending into communities.

Theme one has explored literature related to beliefs, attitudes and the labels applied to children who exhibit HSB, thus contributing to stigmatisation which was furthered by the responses of families and communities. Professional beliefs as to what were unacceptable sexualised behaviours of children were found to be inconsistent and influenced by personal views, attitudes and literature. Moreover, the findings of anger, ambivalence and acceptance with regards to child sexualised behaviours

(Hackett et al. 2014) mirrored the attitudes of parents, child care workers and licensing authorities in the findings of Martin (2014) revealing these findings are not unique. Theme two will explore the literature related to HSB in the school setting.

5.2 Theme two: HSB in the school setting

Theme two will explore the retrieved literature with respect to HSB in the school setting, including special schools.

A qualitative study conducted in the UK aimed to explore the extent to which special schools were aware of HSB and how agencies, education, welfare and the criminal justice systems worked together when children with learning disabilities exhibited HSB (Fyson 2007). The study comprised of 2 strands; the first being a survey of 40 special schools from 4 local authority areas in England, followed by semi-structured interviews with staff at 10 of those schools. The second strand 12 months later, explored 15 cases of the sexual abuse of other children, perpetrated by children with a learning disability and who were known to statutory welfare agencies.

Findings from the initial survey revealed that incidents of HSB were reported at least once per term in 65% of schools, with 19% reporting incidents on a weekly basis. Inappropriate touching was reported by 85% of special schools, 50% reported public masturbation and 15% reported actual or attempted rape. Less than 20% of the schools surveyed possessed policies and guidance to help staff respond to HSB, meaning when interviewed, participants expressed a lack of clarity as to when a behaviour warranted intervention, what to do and how to record the incident. Staff showed concern that children exhibiting HSB should not be labelled as sexual abusers.

Findings also revealed that schools favoured seeking external assistance from child welfare rather than the criminal justice system, but experienced little response from most agencies including the police and youth offending teams. This led to reduced professional confidence. Moreover, no intervention appeared to take place for the child until a criminal act of abuse had occurred, meaning children were more likely to be placed on the sex offender's register and labelled as sex offenders (Fyson 2007).

The following year, Fyson published a further qualitative paper (Fyson 2008) using the same data used in the previous paper (Fyson 2007). This paper aimed to explore

the extent to which schools were aware of pupils engaging in sexually inappropriate behaviour by using a Grounded theory approach (Glaser and Strauss 1999) to code data into themes through which the findings were developed. These were; policy, the behaviour of pupils, responses to behaviour, seeking help and relationships with external agencies. Findings revealed child-on-child HSB occurred regularly in school buildings, playgrounds and on school transport. The use of child protection policies was considered useful when a child was a victim of HSB, but less so when the child was an alleged perpetrator. Special schools were considered to be ideal venues for supporting children who sexually abuse other children because school staff are best placed to witness the behaviours and initiate intervention. However, findings from interviews with participants showed most believed sexualised behaviours to be random or exploratory and therefore accepted them as a normal aspect of growing up.

Participants understood that sexualised behaviours occurring at home might warrant them speaking with child social services but when HSB occurred at school the same participants would seek help from parents. Participants believed mainstream school children would be more likely than children at special school to disclose inappropriate sexualised behaviour and also believed that working in a special school did not necessarily mean they were specialists in dealing with sexual abuse. Recommendations included the development of whole school policies, to include all staff including lunchtime supervisors, travel escorts, teachers and classroom assistants (Fyson 2008).

These studies show that special schools witness multiple forms of child-on-child HSB, exhibited in many areas across the school environment. Findings reveal special schools to be ideal venues for the recognition and intervention of child-on-child HSB. This was despite staff experiencing poor responses to requests for assistance, HSB being accepted as a normal part of growing up and staff themselves believing they are not able to deal with HSB.

The final qualitative study, conducted in the UK, described the experiences of youth offending teams working with children who exhibit HSB (Russell and Harvey 2016). This study, described as the first of its kind for this group of professionals, used Interpretative Phenomenological Analysis (IPA) methodology to explore data extracted from semi-structured interviews. Participants were eight members of one team, 5 females and 3 males, aged between 30 and 60 years and purposively sampled to the group. Inclusion criteria required prior experience of working with children who exhibit HSB. Analysis revealed 3 superordinate themes; client focus; challenges within the role and looking after the self.

Findings showed that when labelling a child as a '*sexual predator*' this revealed a culture of blame often fuelled by social media. This was considered contributory towards negative personal attitudes. Although negative labels applied to children contributed to making their work more difficult, participants focused on addressing the behaviours of the child by placing children who exhibited HSB at the forefront of their work with families as an integral part of intervention plans. Looking after the self was important to participants because of the potential for burnout. However, this was combined with not wishing to pass the child onto another practitioner because of the risk of upheaval. The use of humour was considered helpful in uniting the group within the stressful environment in which the participants worked, enabling a sense of detachment from the child that was considered positive.

Limitations were expressed as the small number of participants from one professional group, leading to recommendations for further research in similar groups working with child-on-child HSB (Russell and Harvey 2016). Although the small number of participants is highlighted, this is generally considered acceptable with respect to the methodology of IPA in order to provide a deep analysis of the

lived experience of the topic (Smith et al. 2009). Moreover, the analysis revealed a unique and important perspective in the lived experience of child-on-child HSB.

5.3: Conclusion

The literature review presented nine studies, eight qualitative and one of a mixed methodology, all of which were subject to peer review. Studies using case file data were highlighted as being subject to professional opinions at the time of writing, meaning data was potentially missing or skewed towards the views of the professional and what the family was prepared to share. Where studies recruited participants directly, these were observed to be predominantly female social workers, thus introducing a potential gender and professional bias into the findings. It is recognised that the use of the search terms 'harmful sexual behaviours', 'sexually harmful behaviours' and 'young sexual abuser' may have limited the search as these are terms that are predominantly understood and applied in the UK. Thus, the review may have missed wider literature from the USA and elsewhere.

A lack of consensus existed as to what were considered normal and not normally expected sexualised behaviours in children, even in the most experienced professionals and was influenced by personal values and beliefs, including religious. This led to confusion which meant children were inappropriately labelled. Children exhibiting HSB were considered to be different from those that did not, meaning staff found them challenging and difficult to work with, particularly in the context of external negativity. Confusion, anger, ambivalence, acceptance and blame were the predominant experiences of working with children who exhibit HSB. Individual and group ways of working provided support, with supervision and co-working being rated highly. The use of humour was helpful when dealing with increased stress levels associated with the work. Special schools reported child-on-child HSB frequently but were considered ideal venues for recognising and responding to HSB. However, schools experienced little in the way of external assistance which meant staff were not confident in their abilities. Moreover, staff believed HSB to be a normal part of growing up and did not consider themselves to be specialists in HSB and therefore unable to do the work. Recommendations were made for school policies that enabled every member of staff to clearly understand, recognise and respond to HSB.

A blame culture was demonstrated according to who experienced the child-on-child HSB. Parents responded to incidents carried out against their children by claiming their child had been sexually abused. This was often fuelled by media reports of child sexual abuse and led to children being inappropriately labelled. Child care service workers accepted sexualised behaviours as a part of normal growing up and considered the children to be misbehaving whilst child care licensing authorities laid blame for the behaviours upon the workers, citing lack of supervision or pre-existing child experiences of sexual abuse.

Recommendations for in-depth research into the lived experiences of staff groups working with child-on-child HSB supported the need for this study. Moreover, the findings of the literature search and review did not alter the research question. The next section will discuss the research methodology.

PART THREE: RESEARCH METHODS AND STUDY DESIGN

Chapter 6: Research Methodology

In this section, I will discuss the research methodology and my reasons for choosing Interpretative Phenomenological Analysis (IPA) for this study, in preference to alternative qualitative research methodologies. The literature search confirmed that no studies into the lived experience of child-on-child HSB at school exist, therefore paving the way for this study. My own lived experiences of child-on-child HSB had caused me to reflect upon whether these were isolated and personal to me, or whether other professionals at other schools possessed similar experiences. Specifically, I wanted to explore and understand in depth, the lived experience of child-on-child HSB at school. To enable this, I decided to use a qualitative approach to enable me to establish the subjective and cultural standpoints of others (Yardley 2000).

Because the lived experience of child-on-child HSB at school had not been previously researched, I felt it important to consider a number of qualitative approaches for this study. I initially explored but discounted the use of Ethnography (Bryman 2012) and Grounded Theory (Glaser et al. 1968) because neither methodology would have provided the depth of the lived experience that I was seeking to uncover. The development of a single case study was also discounted because although this would have provided a significant depth of analysis (Baxter and Jack 2008), I wanted to consider the lived experience of child-on-child HSB upon multiple individuals.

A further method under consideration was that of Discourse Analysis (Bryman 2012). This initially interested me because one of the findings of the literature review was the use of language to negatively label children who exhibit HSB. Foucault wrote in *'The Order of Things'* (1966) that discourse allows us as social beings to recognise the situations around us (Oliver 2010). This meant that the environment of the school naturally lends itself to a recognisable situation within which discourse about children who exhibit HSB could be studied. However, I also discounted this method in favour of exploring phenomenology, a method stated to begin with 'a *sense of wonder*' (Van Manen 2016 p. 27) and which seemed to more closely resonate with my lived experiences and research intentions.

6.1 Phenomenology

Phenomenology was largely developed by the German philosophers Husserl (1859-1938) and Heidegger (1889-1976) as the philosophy of the experience that embeds the person in the world within a historical, social and cultural context (Shinebourne 2011). Later, the French philosopher Merleau-Ponty (1908-1961), influenced by both Husserl and Heidegger, confirmed the concept of the sense experience, stating:

All knowledge takes place within the horizons opened up by perception
(Merleau-Ponty 1962 p.241)

Husserl argued that true knowledge can only be gained through human experiences (Husserl 1970), thus establishing the concept of the Lifeworld in phenomenology. Husserlian, or descriptive phenomenology thus requires the researcher to set aside conscious preconceived experiences to avoid bias, a state of mind known as the Epoche. Various descriptive phenomenology research methods exist (Reiners 2012). These include Giorgi's method (Giorgi 2012), Colaizzi's method requiring the researcher to return to the participants to validate findings (Shosha 2012) and Van Kaam's method requiring inter-subjectivity to be confirmed by a panel of expert judges (Anderson and Eppard 1998). A further method is the University of Utrecht method requiring researchers to combine both descriptive and interpretative methods to reveal thematic aspects of experience (Van Manen 2007).

Contrary to Husserl, Heidegger argued that human existence is more fundamental than human consciousness and that fore-structure is always present. Thus, Heidegger believed it not possible to bracket personal lived experiences whilst conducting research into the experiences of others. The researcher's priority is therefore, according to Smith et al. (2009) to concentrate on new interpretations of the topic rather than hold on to pre-conditioned thoughts and assumptions (Smith et al. 2009). This concept of being in the world, or Dasein (Gadamer 1989) invites the researcher to explore the essence of human existence within the context of shared commonalities and uncover deep understandings of the lived experience within the context in which it occurs (Smith et al. 2009). Thus, interpretation of the object may not be an individual perception but may exist as an inter-subjective experience

(Merleau-Ponty 2013). Hermeneutics, or Interpretative phenomenology is therefore known as the theory of interpretation.

6.2 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was ultimately chosen as the methodology for this study because of the idiographic depth to which the lived experience is explored. This method is underpinned by three major theoretical perspectives; Phenomenology, Hermeneutics and Idiography, the latter concerned with the detail at the level of the individual. Idiographic details of lived experiences emerge on two levels; the commitment to the detail through deep analysis and an understanding of how the experience has been understood from the perspective of the person experiencing it i.e. the research participant (Smith et al. 2009). This is referred to as the double hermeneutic, the process whereby:

The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world (Smith 2004 p. 40).

IPA methodology offers the possibility of revealing unique insights into a lived experience, a process that Smith (2011) refers to as looking for the 'little gem' in the detail of the experience (Smith 2011). The methodology allows for data to be collected via diaries, focus groups, postal questionnaires and email dialogue. However, semi-structured interviews are considered to be the most powerful form of data collection in IPA studies because of the real-time nature of the interview, meaning the researcher is more able to fully explore the experience at the time (Eatough and Smith 2008). Data is analysed soon after the interview, in an inductive approach which requires the researcher to set aside their preconceptions to allow for the emergence of new understandings about their own experiences. This allows unanticipated themes to emerge rather than the researcher attempting to verify pre-existing theory (Smith 2004), confirming my reason to choose IPA as my methodology.

Although originally developed within the social sciences, precedents for choosing IPA in healthcare exist as it resonates with clinical lived experiences (Biggerstaff and Thompson 2008). Examples include the lived experience of healthcare-associated pneumonia (Tablan et al. 2004), cancer cachexia (Reid et al. 2010) and caring for victims of domestic abuse in healthcare settings (Valpied and Hegarty 2015).

In the next section, I will show how the process for this study was designed, brought to ethics committee and implemented through participant sampling and data collection and management.

Chapter 7: Designing the Study

In the previous chapter, I have discussed reaching a decision to use Interpretative Phenomenological Analysis as the methodology for this study. In this section, I will explain the process of ethical approval, method of sampling, data collection and analysis.

7.1 Ethical Considerations

Ethical approval to commence this study was received 21st April 2015 (Appendix Four) from the School of Health and Social Care Sciences at Cardiff University. This was a lengthy process during which my proposal had to be re-submitted amid concerns about risks of child protection disclosures and lack of access to study participants. Neither of these concerns were manifested. However, whilst participants in the study were not considered to be a vulnerable group (Department for Education 2018f), I recognised that the children at school were, and that disclosures of a child protection nature might occur. I therefore consulted the University's Child Protection Policy (Cardiff University 2016) to ensure I was aware of the actions I would need to take. I also read and followed the child protection policies for the schools I visited during the research. Participants were reminded prior to the commencement of the interview that confidentiality was paramount, that no personal details of the children were sought as part of the study and that the contents of the interview should not be divulged to any third party.

I recognised that due to the sensitive nature of the topic, emotional harm might occur either to myself or to the participants. I therefore attended a Mental Health First Aid Course delivered by a mental health charity (MIND 2013) as part of my preparations and; because I am also a registered nurse, this meant I was able to recognise distress in my participants and offer immediate support if required or advise with regards to accessing counselling and further assistance. As the researcher I had access to assistance through the University student counselling service or privately with a British Association for Counselling and Psychotherapy (BACP) registered

counsellor. I received regular and supportive supervision with my university supervisors.

All study data was anonymised and stored according to Data Protection guidance which restricted access to me only, as the researcher (European Commission 2018). Data was held on a personal, password-protected laptop to which only I had access, and which was backed up on a regular basis and securely stored. All written data was securely stored in a locked and secured container to which only I had access. No other person or persons had access to the study data, and it was not provided to any other party. As a registered nurse affiliated to a professional body and practising to a code of conduct (Nursing and Midwifery Council 2008) I am required to maintain confidentiality, both as a professional practitioner and researcher. Cardiff University guidance (Healthcare Sciences Ethics Committee 2017/18) requires all processes, interviews, transcriptions and findings to be stored for at least 15 years. This will allow my findings to be reviewed later by a third party and replicated (King 1995). Data presented in the study and the findings are anonymous to protect the views and identities of the participants.

7.2 Sampling of participants

The inclusion criteria of participants were based upon the lived experiences of child-on-child HSB which would enable me to produce a scholarly study (Van Manen 2016) and maintain homogeneity of participants. As a sensitive subject, the study of the lived experience of child-on-child HSB in schools raised potential difficulties in terms of recruitment, as commented upon by the ethics panel at Cardiff University. However, this did not emerge as a problem. I contacted the Local Authority Designated Officer (LADO) in one county in England who acted as the gatekeeper between myself as the researcher and the schools. Through the use of purposive sampling, I was able to contact head teachers at two schools; one at a special school with wide experience of child-on-child HSB and one at a mainstream school with a very recent lived experience of child-on-child HSB. Because Snowball sampling is considered useful when studying the more obscure social groups or

topics related to hidden social experiences (Atkinson and Flint 2001), I used this method to recruit a further 5 participants from the special school.

Snowball sampling is also considered acceptable when the study is qualitative and does not intend to generalise (Hendricks et al. 1992). The method relies on research participants suggesting others with similar experiences for potential inclusion in the study (Bryman 2012), based upon their ability to provide rich narratives about their experiences (Silverman 2000). Although this method may enable access to hard to reach groups, such as those experiencing child-on-child HSB at school, it is considered open to bias and risks moving away from the intended specifics of recruited participants (Heckathorn 2011). Moreover, the use of Snowball sampling may be susceptible to selection and gatekeeper bias (Bonevski et al. 2014). However, the use of a gatekeeper increases trustworthiness in the researcher and can add credibility to the research (Shenton 2004), allowing access to otherwise hard to reach groups (Abrams 2010). I was also aware that too many demands made upon study participants by researchers can result in gatekeepers restricting access, rather than allowing it, meaning the same hard to reach groups are often protected by institutional regulations (Abrams 2010).

Whilst the use of a gatekeeper had been an essential asset for two of the schools in this study, in that this relationship enabled useful and constructive communication, this was not the case for the third school which was successfully recruited via direct contact with the principal. Thus, nine study participants were recruited, a number considered suitable for Doctoral study using IPA as the methodology (Smith et al. 2009).

7.3 Data Collection

Data was collected through semi-structured interviews, eight of which were conducted on school premises and the ninth by invitation at the home of the participant. All interviews were carried out in January 2016. Nine participants from three schools and responsible for 333 children, possessed a total of 51 years' experience of working in the setting in which they were interviewed. Table 5 shows the participants roles, schools and years in role at the time of interview. For ease of writing, principals will be referred to as headteachers. All names used in this thesis are changed to protect anonymity, with participant names taken from Shakespearean plays which reflect a participant's reference to Romeo and Juliet.

Table 5: Schools and Participant details

School	Type	Name	Designation	Years in role
School A	Independent day and residential special school	Laurence	Vice principal of education	10
		Margaret	Vice principle of care and safeguarding lead	18
School B	Publicly funded independent state school	Gregory	Subject leader (Design and Technology), tutor, literacy and numeracy co-ordinator	1
		Juliet	English teacher	1
		James	Principal: strategy and operations	2
		Peter	Assistant principal: behaviour and care	2
		Hugh	Assistant principal: quality, teaching and learning	2.5
		Celia	Safeguarding officer and extended services co-ordinator	1.5
School C	Church of England primary school	Rosaline	Headteacher	13

Headteachers were provided with details of the study through the provision of school information sheets (Appendix Five), participant information sheets (Appendix Six) and consent forms (Appendix Seven), as per the requirements of the school of research ethics at Cardiff University (Healthcare Sciences Ethics Committee 2017/18). The information sheets confirmed academic support for the study. I foresaw a potential need to address school governing bodies which meant I included consent forms for this group at each school. No school requested to see or use these. Participants were informed that entry to the study was voluntary, confidential and that they could leave at any time.

School A was an independent day and residential special school for up to 63 male and female pupils aged between 7 and 19 years, all of whom experienced a range of difficulties including Social, Emotional and Behavioural Difficulties (SEBD), Autism Spectrum Disorders (ASD) and Asperger's Syndrome. Two participants came forward to be interviewed from this school; Laurence, vice principal of education and Margaret, vice principal of care and safeguarding lead.

School B was a publicly funded independent state school offering placements for up to 90 pupils, the majority of whom were male aged between 11 and 16 years with a range of Social, Emotional and Behavioural difficulties (SEBD). Six participants came forward to be interviewed at this school; Gregory and Juliet, both teachers; James, principal; Peter and Hugh, assistant principals and Celia, safeguarding officer.

School C was a state funded Church of England primary school within the same local authority area as school B, offering placements for 180 male and female pupils aged between 7 and 11 years. This school had an onsite Special Educational Needs (SEND) provision unit. One participant, Rosaline, the headteacher came forward to be interviewed at this school.

Interview questions were created (Appendix Eight) as a guide to increase understanding between the participant and myself as the researcher. Questions included an initial question posed to each participant that aimed to set the scene and begin each conversation in the exact same way, as recommended by Smith et al. (2009). The questions were designed to allow for an open conversation, prompting where needed and including, '*have you any prior experience of children exhibiting HSB?*', '*Can you tell me about how that experience made you feel?*', '*Can you help me to understand your experience?*'. An interview practice session was conducted with my supervisor prior to my first interview, allowing me to practice my questions before speaking with my participant. This was incredibly useful and allowed me to be mindful of the use of both silence and pause and how powerful this can be. Because communication is both verbal and non-verbal this means the use of silence allows both researcher and participant time to reflect upon issues being discussed (Pietkiewicz and Smith 2014). My inexperience as a researcher meant that although I was nervous at the time of the first interview, I quickly forgot about this because of the shared lived experience of HSB and the fact that I had previously worked in a special school.

For the interviews, I had created vignettes which were linked to a behaviour identification sheet (Ryan 2000a) and which were made available to use as discussion prompts. These were not needed. Prior to each interview, I checked the participant had read the participant information sheet and had signed the consent form, which included allowing me to use direct quotes from the interview. I reminded each participant they could withdraw or end the interview at any time. Permission to use recording equipment on a laptop was also sought prior to each interview. This was placed on the desk in an open position to one side between me and the participant who was reassured that the device was personal to me, password protected, inaccessible to anyone else and not connected to the internet. Following each semi-structured interview, I recorded notes of my thoughts and reflections of the discussion.

7.4 Data management

The nine semi-structured interviews created a total of five and a half hours of narrative which was then transcribed by a third party as soon as possible after the interviews. Although researcher transcription of the data is useful to the analysis this is not considered to be a rigid pre-requisite for an IPA study (Smith et al. 2009). The decision to pass transcription to a third party was made due to time constraints which meant I was unable to do this myself. Transcripts included the use of the phrases '*um*' and '*er*', allowing for pauses in the conversation and returned to me in a Word document format. Analysis of each transcript was then undertaken.

To ensure consistency and rigour of the data analysis, I ensured the analysis procedure was the same for all participants (Appendix Nine). The transcripts were initially transferred into another Word document created in the style of three columns as recommended (Smith et al. 2009) to allow for the positioning of line numbers and notes with regard to emergent themes. Initially, I read each transcript in turn, whilst listening to the interview recordings and highlighting any mistakes, which were very few due to the high quality of the recordings. Breaches of confidentiality in the transcripts were removed as were references to the names of schools, other staff and children. The transcripts were then re-read without listening to the interview, this time noting emergent themes as language, descriptions and conceptual thoughts (Appendix Ten). Each transcript was completed prior to moving onto the next to ensure each was analysed in isolation. Emergent themes from all transcripts were printed out and placed onto a tabletop to enable undisturbed sorting into subordinate themes based upon similarities and opposite statements (Appendix Eleven). These were subsequently developed into emerging superordinate themes during the process of idiographic data analysis.

7.5 Reflexivity

Reflexivity within IPA is an essential element of the study process, the role of the researcher being to prompt the participant to '*contemplate, take stock, worry and try to make sense of what is happening*' (Smith et al. 2009 p. 188). This reflective analysis is said to pass through layers of reflection until '*Deliberate controlled reflection*' occurs during the replaying of the lived event through semi-structured interview and formal analysis (Smith et al. 2009 p. 189). The quality of the interview questions are key to the quality of the reflection post interview and analysis (Van Manen 2016) meaning that as a novice researcher I had to consider the effect this had on the findings of the study. I did this through maintaining a reflective diary throughout the study process, noting my thoughts immediately post interview and prior to subsequent analysis. Reflexivity will be explored later in the thesis in section 10.3. The next section will present the idiographic analysis of the narrative transcripts.

PART FOUR: ANALYSIS

Chapter 8: Idiographic Data Analysis and Outcomes

This section will present the idiographic analysis of the transcript data, presented in the order in which the participants were interviewed. Subordinate themes derived from the analysis were used to structure the discussion. The relevant supporting quotations from each transcript are tabled immediately below each participant analysis. The use of the acronym HSB continues to be used to denote references to harmful sexual behaviours that were carried out by children upon other children, but where this was extended towards staff, this has been identified.

School A: Independent day and residential special school

Laurence

Laurence was the vice principal of education with responsibility for overseeing the educational side of the school's curriculum. He had begun his career at the school in the post of teaching assistant ten years previously, taking leave to qualify as a teacher and progressing to his current role after his return. I had contacted Laurence directly by email without the use of a gatekeeper and found him to be very keen to engage with this study as he had recently completed a master's degree and was sympathetic to the process. He appeared quite guarded in his responses and I attributed this to the fact that this was my first data collection interview. I considered the possibility that as an older female researcher discussing child sexuality, Laurence was perhaps limiting his responses due to embarrassment. Although denying feelings of discomfort about HSB, the narrative was remarkable for the multiple uses of the phrase '*erm*', which implied hesitancy and uncertainty. On analysis, Laurence's narrative revealed two interrelated subordinate themes; the first focused around his understanding of HSB and the second on his notion of the support given to staff when dealing with HSB. Using direct quotes from Laurence, these were categorised as; that sort of behaviour and; internal support respectively and are used to structure the analysis and presented in Table 6 with supporting quotations.

That sort of behaviour

This theme uses a direct quote from the narrative to reflect Laurence's personal experiences of child-on-child HSB as the use of sexualised language; this, he maintained, was caused by childhood trauma causing attachment issues which could then result in communication difficulties, and which in turn underpinned HSB.

In this way Laurence attributed HSB to the background of the child:

they can be you know very sexualised in the way they speak, erm, specifically they had, you know lots of our children, erm, have significant attachment issues, erm, which has meant that you know early childhood traumas have resulted in, erm, them not being able to sort of effectively communicate with, erm, adults and peers and that is often demonstrated in a way that you know they maybe, erm, very sort of rude and very, erm, demanding, erm, very sort of explicit in what they say, very personal, erm, whether, I, personally I don't feel uncomfortable by that sort of behaviour ... (Table 4: Transcript pages 4:16-22 to 5:1-5)

The narrative revealed Laurence to believe that children who experienced early trauma went on to develop attachment difficulties which in turn, led to poor communication skills that were sometimes expressed through the use of sexualised language. This he described as being rude and demanding behavior that was also explicit and directed towards the person. Laurence therefore experienced a variety of sexualised behaviours about which he stated he was unconcerned.

Interestingly whilst Laurence presented himself as undisturbed about the children's behaviours, he mooted this was not the case for his staff who, he believed, found the behaviours to be:

quite shocking, erm, it can be, you know if a child's being quite sort of specific and quite, erm, threatening with it it can be quite, erm, challenging for that staff member to manage it, erm, it can be quite off-putting, but again it's encouraging, it's making sure that people understand that you know there are reasons behind a behaviour (Table 4: Transcript page 7:13-19)

Laurence used a variety of words to describe his perception of the experiences of staff. These included shock, threat and challenge, each associated with a sense of disruption and suggesting the specific intention of the child to target staff. The narrative suggests that Laurence accepted the experiences and reactions of his staff amidst his determination to make them understand why the child behaved in this way.

At first glance it may be suggested that Laurence was perhaps disconnected from his staff. However, this was not the case as he explained:

you know I'd be lying if you said that you know you like every child and like, you know you get on with every children because you know when you work in a school there are certain child's that you just don't, you don't have that connection with (Table 4: Transcript page 32:12-16)

The narrative implied empathy with staff and shared experiences within the team of finding some children difficult to like because they could be:

quite challenging and you definitely need a skill set, you definitely need sort of, er, a really in-depth understanding of the behaviours. Erm, it can be quite challenging for some staff I know erm, but what we try and develop in the ethos, we have that if you find sort of a bit of work challenging then there's plenty of people on the ground who have the skills and the capability to support you not taking the work away from people, but sort of support and, but yeah I can, you know I can, from a personal point of view it can be quite challenging, it can be quite, erm, emotive because you know it's obviously a very difficult behaviour to understand, erm, but it's just, I think the emphasis is the work is so necessary to ensure that children are kept safe. (Table 4: Transcript page 17:3-19)

The narrative at this point suggests an empathic attitude towards staff experiences and the need for skills to be able to manage a child's inappropriate behaviours. Laurence repeatedly returns to the notion of managing the challenges of the work by understanding the reasons for the behaviour, thus implying a sense of detachment between the child and their sexualised behaviour. Laurence also reveals here a personal sense of finding the behaviours challenging, an admittance that was in direct contrast to the feelings expressed at the start of the narrative. Thus, it may be suggested he had relaxed a little by this point in the conversation, allowing him to reveal personal feelings that were not previously evident. Moreover, a sense of professionalism is indicated in the narrative which reveals Laurence's emphasis to be ultimately child focused, notwithstanding his support for staff. This leads to the second theme of internal support.

Internal support

Laurence described how staff were supported by senior management to manage children exhibiting HSB because:

for obvious reasons, you know that it's not pleasant to be around if a child is behaving in that way, erm, you know and that can happen, but then it's a case of sort of, you know we talk about behaviour a lot as a senior management team and as a whole school, erm, and review behaviour (Table 4: Transcript page 11:1-6)

The narrative implies that Laurence understood working with children who exhibit HSB to be difficult. The involvement of the senior management team when discussing HSB implies a whole school awareness and approach to HSB that was supportive of the staff. Ensuring internal support for staff was an important element of Laurence's role. He explained how he understood:

that all behaviour has meaning, erm, and I think that's very important to sort of the culture of the school and all behaviour has meaning, so whether it's you know highly sexualised or whether it's very aggressive or violent that there's meaning behind the behaviour and we need to try and understand that and resolve it in our best possible way. (Table 4: Transcript page 5:16)

To support his team in this Laurence described how staff were also provided with:

lots of people to speak to, like really supportive sort of supervising structure so all staff are supervised and have you know monthly supervisions where they're able to sort of talk about their difficulties and be supported appropriately. (Table 4: Transcript page 20:3-7)

Thus, although the narrative implied a culture of high expectations of understanding and resolving children's behaviours, including those that were sexualised and directed towards staff, there were indications of being able to support staff. This was achieved through training sessions provided by the school to demonstrate the influence of attachment difficulties upon children's behaviours.

To enable this, Laurence told me the school used:

a white van man analogy that, you know that you know you look in your wing mirror and you see a white van and you think that the driver's a bit of a plonker but not every white van man drives as a plonker, so you've got to, you know it's like you know so you've got to try and you know get the idea that you know you, you know that behaviours are difficult, but then, you know that, I don't think a child wakes up in the morning and wants to be difficult you know there's a reason behind it (Table 4: Transcript pages 30:11-17 to 31:1-6)

The analogy used in the training highlights a perceived belief in the undesirable traits which might occur in individuals within wider society. The language used to identify the stereotype of a 'white van man' described as a 'plonker', highlights a tension in the discourse whereby stereotypical attitudes are compared with vulnerable children who have experienced difficult and traumatic backgrounds. This was perhaps an unfortunate analogy to use in the context of child sexuality and sexualised behaviour but nevertheless was implied as being effective.

From Laurence's narrative, the supportive environment continued by assisting staff when they became recipients of targeted HSB:

and if there is an issue and there is, er, a staff member whose being targeted whether we have to remove the target and bring somebody in, but we don't want to you know take the power away from the individual dealing with the child, but sometimes it's appropriate to put in a different intervention and use a different staff member. Erm, if it's say a young female TA being targeted by, er, erm, one of our you know male pupils then it maybe, erm, appropriate to put a specific intervention where we're not using that female TA in that group so often (Table 4: Transcript page 11:6-17)

Tension is revealed in the narrative in that the example shows the removal, rather than support of the member of staff, as a response to HSB. This was in contrast to the earlier implications of support meaning that rather than supporting the member of staff when sexually targeted by children, the act of removal risks a reduction in the individual's 'power' which could potentially subject them to additional abuse. Moreover, Laurence's ad hoc use of a scenario in which a female member of staff was targeted revealed an awareness of increased vulnerability for females and a familiarity of response that included removing that female in favour of replacement

with a male member of staff. Thus, rather than involving the staff in group decisions about responding to HSB, instead some decisions were made on behalf of staff to ensure safety. This implied a sense of the sexualised behaviours of children being regarded as normal part of the school day.

In summary, the two subordinate themes revealed HSB was experienced as a range of behaviours including sexualised language, that was underpinned by a stereotyping of children according to their backgrounds and previous experiences. The experiences of HSB differed between Laurence and his staff, potentially due to proximity of being with the child, but were nevertheless recognised as being unpleasant for all staff. Staff were supported internally to understand HSB through training about attachment difficulties and regular supervision. Female vulnerability was recognised.

Table 6: Laurence: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
4:16-22 to 5:1-5	<i>they can be you know very sexualised in the way they speak, erm, specifically they had, you know lots of our children, erm, have significant attachment issues, erm, which has meant that you know early childhood traumas have resulted in, erm, them not being able to sort of effectively communicate with, erm, adults and peers and that is often demonstrated in a way that you know they maybe, erm, very sort of rude and very, erm, demanding, erm, very sort of explicit in what they say, very personal, erm, whether, I, personally I don't feel uncomfortable by that sort of behaviour ...</i>	That sort of behaviour
7:13-19	<i>quite shocking, erm, it can be, you know if a child's being quite sort of specific and quite, erm, threatening with it it can be quite, erm, challenging for that staff member to manage it, erm, it can be quite off-putting, but again it's encouraging, it's making sure that people understand that you know there are reasons behind a behaviour</i>	
32:12-16	<i>you know I'd be lying if you said that you know you like every child and like, you know you get on with every children because you know when you work in a school there are certain child's that you just don't, you don't have that connection with</i>	
17:3-19	<i>quite challenging and you definitely need a skill set, you definitely need sort of, er, a really in-depth understanding of the behaviours. Erm, it can be quite challenging for some staff I know erm, but what we try and develop in the ethos, we have that if you find sort of a bit of work challenging then there's plenty of people on the ground who have the skills and the capability to support you not taking the work away from people, but sort of support and, but yeah I can, you know I can, from a personal point of view it can be quite challenging, it can be quite, erm, emotive because you know it's obviously a very difficult behaviour to understand, erm, but it's just, I think the emphasis is the work is so necessary to ensure that children are kept safe.</i>	
5:16	<i>that all behaviour has meaning, erm, and I think that's very important to sort of the culture of the school and all behaviour has meaning, so whether it's you know highly sexualised or whether it's very aggressive or violent that there's meaning behind the behaviour and we need to try and understand that and resolve it in our best possible way</i>	Internal support
20:3-7	<i>lots of people to speak to, like really supportive sort of supervising structure so all staff are supervised and have you know monthly supervisions where they're able to sort of talk about their difficulties and be supported appropriately.</i>	
30:11-17 to 31:1-6	<i>a white van man analogy that, you know that you know you look in your wing mirror and you see a white van and you think that the driver's a bit of a plonker but not every white van man drives as a plonker, so you've got to, you know it's like you know so you've got to try and you know get the idea that you know you, you know that behaviours are difficult, but then, you know that, I don't think a child wakes up in the morning and wants to be difficult you know there's a reason behind</i>	

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
11:1-6	<i>for obvious reasons, you know that it's not pleasant to be around if a child is behaving in that way, erm, you know and that can happen, but then it's a case of sort of, you know we talk about behaviour a lot as a senior management team and as a whole school, erm, and review behaviour</i>	
11:6-17	<i>and if there is an issue and there is, er, a staff member whose being targeted whether we have to remove the target and bring somebody in, but we don't want to you know take the power away from the individual dealing with the child, but sometimes it's appropriate to put in a different intervention and use a different staff member. Erm, if it's say a young female TA being targeted by, er, erm, one of our you know male pupils then it maybe, erm, appropriate to put a specific intervention where we're not using that female TA in that group so often</i>	

Margaret

Margaret had been employed at special school A for eighteen years and was the vice principal of care with responsibility for managing the residential aspect of the school. Her role included being the designated safeguarding officer. At the time of the interview, the second of two at this school, Margaret appeared relaxed, confident and very keen to talk about her experiences of child-on-child HSB. On analysis, Margaret's narrative revealed four interrelated subordinate themes which were categorised as; it wasn't anything sexual; female vulnerability; we never judge and; keeping HSB in the group. These are used to structure the analysis and presented in Table 7 with supporting quotations.

It wasn't anything sexual

This theme reveals Margaret's experiences of child-on-child HSB which included harmful sexualised and explicit language, gestures and drawings which were presented as common and even normal:

most of our young people will display a level of sexualised behaviour in the way of drawing explicit things or saying things of repeating things of what they've heard or making gestures. That is pretty much a lot of our young people at (deleted) School (Table 5: Transcript page 10:4-11)

An example of an ongoing case of 'sexually harmful behaviour' was that of a young boy who:

we took out to a youth club, well not a youth club, a play centre and he was with one staff member and he was on his own, and he was playing in tubes and different things like that, he was 12 at the time. And after that erm the mum of a six year old girl had said that this boy had kissed her daughter and erm touched her. Erm, that was about 2 years ago now and that investigation is still going on so in regards to that we had to make a child protection referral. Erm, the police did contact us from the six year old mother's erm making the phone call to the police but we'd made the referral to our local safeguarding children's board (Table 5: Transcript pages 2:21-26 to 3:1-14)

The correction occurring in the narrative between the supervisor taking the 12-year-old to a play centre rather than a youth club, indicates awareness that this might have been inappropriate. This awareness was demonstrated in a number of ways; a recognition that the 12-year-old was supervised by a lone member of staff who was not able to see the child the whole time, awareness of the 6 year age difference between the children involved in the incident and the need to state that a child protection referral had been made in advance of the school being contacted by Police. The outcome of the incident therefore implied an expectation for a complaint which was supported by the subsequent police visit, from which the school had protected itself by making a child protection referral.

A further example of HSB included a comment that some children were referred to external intervention specialists in HSB:

Erm, we have a few young people who have been referred to (deleted intervention service) some who are already in (deleted intervention service) at the moment. Erm for things that could possibly be seen as sexually harmful behaviour but to themselves more than to anybody else. Erm, we had a young boy who was on a, SVR, I can't think, he's from (deleted town) and he was masturbating in the window of his foster carer's house. So they treated that as sexually harmful behaviour. (Table 5: Transcript page 5:5-16)

Margaret had experience of children exhibiting HSB and who were already engaged with intervention services. In the example above however, it became evident that a difference of opinion existed between the school and external intervention services as what was considered to be HSB. The narrative shows that whilst Margaret believed the behaviours to be self-harm, the intervention service considered it to be HSB. This implied a lack of understanding of HSB and an acceptance of the way things were done, indicating the influence of multi-agency responses on schools.

The difference expressed in Margaret's beliefs were emphasised by the way she offered her opinions about both incidents:

It's different in all circumstances, because the young boy with the six year old girl, he kissed her and touched her. I would say that was possibly because he was older than her so it wasn't anything sexual, it was more powerful for him, that he just wanted to show her that he was the bigger boy. Erm, the young boy masturbating in the window I wouldn't say he was sexually aggressive to people. (Table 5: Transcript page 6:4-15)

Thus, the sexualised incident at the Foster carer's home was considered non-aggressive and the incident with the 12-year-old not sexual. Actions followed these beliefs:

we explain to our residential pupils what it's okay to do when you're in the public and what it's not okay to do, who it's okay to talk to, who it's okay to play with, you know is their 12 year old okay playing with a 6 year old? Well no, not really, you should find people your own age. (Table 5: Transcript page 8:8-16)

The explanation of this incident as non-sexual and childhood play was made despite the inappropriate age gap and the acts of kissing and touching. Rather than being viewed as sexualised, the narrative implied the pupil made a mistake by attempting to assert a power over the younger child which was referred to as 'playing'. Referring to the incident as play potentially confirmed for the pupil that his sexualised behaviours towards younger children were not a problem for the school. Margaret did not refer to any concerns the school had about whether he had acted in this way previously.

These incidents might imply an understanding of child-on-child HSB because Margaret delivered training on this topic herself to other school staff. However, whilst she held this position of responsibility, she admitted relying on the internet to update her knowledge, disclosing she didn't know '*whether I'm saying the right things*' and offered an example of a mistake she had made:

My typing was dreadful last time because I delivered [laughs] I delivered sexually harmful behaviour in January, [laughs] and instead of putting sexual threats, I put sexual treats and didn't realise until I was delivering it to 100 people, [laughs] ...Yeah, yeah and it was like, everyone was like giggling laughing going I don't think that's right. [Laughter] (Table 5: Transcript page 18:6-18)

This apparently innocent malapropism as often happens, resulted in humour. However, within the context of child-on-child HSB the use of humour in association with an apparent lack of knowledge of the impact on the child, could be seen as undermining of the gravity of experiences. This was something that Margaret gave no sense of recognising in her narrative in terms of children, but she did share concerns about the impact of HSB for female staff.

Female vulnerability

Female vulnerability emerged as a potent theme in Margaret's narrative. Although nascent in terms of female pupils, a much stronger message was conveyed in terms of female staff:

We also have a young boy at the moment who's being referred to (deleted intervention service), he likes to stroke females' hair if it's long, and he's gone from stroking females' hair to putting his hand over their mouth and grabbing their mouth. Erm, and we think that's a concern. (Table 5: Transcript page 6:17-24)

Female staff experiences of sexualised behaviours were considered aggressive, prompting requests for specialist intervention. This was in contrast to the earlier expressed belief that sexualised behaviours exhibited towards others, and not staff, were not sexualised. Interestingly this divergence in attitudes about what was

acceptable and what was not, who was vulnerable and who was not was intertwined with the theme of being non-judgemental about children exhibiting HSB.

We don't judge

Intentions to promote a non-judgemental stance towards children exhibiting HSB at the school were shown:

You know you see a lot of things in the media about paedophile or erm, but we never judge at (deleted) School, you know and we do work professionally with young male/female you know young people who have been subject to police investigation, erm, but not so much anymore. Erm, going back a few years ago we dealt with a lot of young people who possibly displayed a lot of sexualised behaviour. (Table 5: Transcript page 9:3-15)

The use of the word 'paedophile' in the narrative indicated awareness of heightened media reports of child sexual abusers. However, when this label was applied to children exhibiting sexualised behaviour at school, it risked enhancing negative beliefs about them and of contributing to a stereotype. This was at odds with a non-judgemental attitude which was supported by an example of an incident which occurred on a school trip:

we had a young person, two young people went on holiday once and the young person had asked the other young person to perform a sexual act on them, erm, and unfortunately he was in Europe, you know we had to make you know enquiries. But when they came back they were both treated the same. Erm, we don't judge. (Table 5: Transcript page 11:1-11)

The narrative implies that rather than adopting a non-judgemental attitude, the sexualised behaviours were actively ignored by the school. However, sexualised behaviours were perhaps more than ignored; staff no longer worked with children who exhibited sexualised behaviour and as shown in the next example, preferred not to admit them to the school:

The bigger the school grows, it's more risky for other young people to be around these people so we don't, if we're concerned, when a referral comes into (deleted) School, if we are concerned around their sexualised nature/comments/behaviour, then we possibly may not take them because it's not fair on our other pupils. Not because we can't manage them or deal with them, it's because we've got 65 young people at (deleted) School and

we need to safeguard them from other young people who display this behaviour. (Table 5: Transcript page 9:15-27 to 10:1-4)

Concerns about the increasing size of the school were accompanied by the need to protect children already in school from new pupils exhibiting HSB. Margaret explicitly denied any inability to be able to manage children exhibiting HSB, citing instead the increased child protection concerns that may follow if the school accepted children that were deemed too risky. In this way, the perception of the raised risk factors associated with a child exhibiting HSB had resulted in the judgement of a child which was in direct contrast to the belief that the school did not judge.

Keeping HSB in the group

The final theme referred to knowledge about when it would be the best times to work with a child. Staff were regarded as being the best people to work with children because they knew them better than anyone else:

Well of course other people who don't know them don't understand any of this. So they could be doing the work when this child isn't at baseline behaviour. So it's not going to go in. And when these young people are not ready to receive that work, erm, and at a level that they're erm teaching it at. Erm, whereas we'll know the correct time to talk to this young person because we'll know they're at baseline behaviour and then we'll see the signs of triggering and we can stop. Whereas the other people who don't know them are not able to do this. (Table 5: Transcript page 14:17-26 to 15:1-7)

An enhanced understanding of the children at the school meant staff knew when a child was behaving at their best and consequently when it was appropriate to work with that child. This was referred to as information about baseline behaviour that was shared amongst the staff. Margaret maintained that teachers at the school were uniquely capable of working with pupils who exhibited poor behaviour and consequently knew when to stop. This implied that external professionals would not know when to stop, potentially resulting in increased problems for the school.

This was observed in the narrative which confirmed external support for the staff and not the pupils:

Well we feel at (deleted) School that the young people that live with us we're the best people to work with. We don't erm, we have erm consultants who are clinical psychologists but they work with staff, not with young people, because we feel as though young people walking into a room with a doctor or psychiatrist, they don't know them, they haven't got the relationship so it's best that they talk to us and we do the work with young people because we're more close and knowledgeable of the young person and the young person is more receptive to us than they are of somebody you know in a room that there's a stranger that they don't know. So it's better if we do the work. (Table 5: Transcript page 13:4-24)

Thus, external professionals were employed to support staff but not children, because of the belief that staff knew them best. However, this meant that distance had been established between children exhibiting difficult behaviours and external professionals in an apparent belief that children needed protecting from people they did not know. This was supported by a belief that the teacher/child relationship was stronger than a relationship with an external professional. Moreover, by referring to the children as those that 'live with us', this heightened the implicit need of staff to protect the child from strangers, as a family might do, except that in this scenario the 'strangers' were child focused professionals.

However, Margaret explained that when the behaviours were HSB, this was not the case:

it gets to the point where we can't manage it because we're not erm, professional people in working with children with sexually harmful behaviour (Table 5: Transcript page 11:13-17)

The narrative implies that most behaviours other than HSB were managed by staff, supported by external psychologists. HSB was therefore associated with the need for professional input because staff at school were not 'sufficiently professional' to be able to respond. However, this section of the narrative contrasts with an earlier section; this section of the narrative states that school staff cannot manage HSB and conversely, the earlier section stated they could. Thus, the narrative is unclear

and therefore reveals a potential lack of confidence about responding to HSB at school.

Margaret explained how the school was involved when children were referred for specialist intervention:

What we have done at (deleted school) is (deleted intervention service) have given us work to do with the young people. Erm, which we do at (deleted school) because we do it on a day-to-day basis but we're not the professionals to be dealing with this (Table 5: Transcript page 11:17-25)

Margaret asserted her belief that school staff were not professional enough to be doing this type of work and appeared to be downplaying the lesser role with regards to involvement with the child:

Erm, (specialist intervention) is very private and you're not to know what's going on but we have done a lot of work with erm young people's authorities, erm with these two boys, erm the one in France, erm they commissioned a worker from (deleted county) to come down err and work with this young person in regards to his sexual health or behaviour. But he gave us the work sheets and we did them with this young person. (Table 5: Transcript pages 12:14-25 to 13:1)

The input of the school was limited to the completion of work sheets that provided information for the intervention service. This implied a sharing of information about the child's behaviours that was not reciprocated, and which meant the school remained unaware of what was going on. Outcomes and progress were not integrated into the team approach, contrasting sharply with the earlier expressed need for shared information about sexualised histories, for the purposes of protecting other children.

In summary, the four subordinate themes revealed the lived experience of HSB to be sexualised language and behaviours that were considered common and even normal. Despite the sexualised nature of the examples offered, Margaret's opinions were at odds with those of external professionals. This was a concern given her status as the school's trainer in HSB. Sexualised behaviours of children were considered to be self-harm or play until they were directed towards female staff who

expressed increased feelings of vulnerability resulting in specialist intervention being sought. This implied the wellbeing of teachers was more important than that of the children. An empathic attitude was suggested whilst simultaneously describing children with sexualised behaviour as paedophiles, an attitude that significantly raised the possibility that the child would not be admitted to the school. A preference existed for the teachers to work with the children until a child's behaviours became sexual, at which point external support was sought. Information was not shared by external intervention services with the school, contrasting with the expressed need for this information so as to be able to protect other children.

Table 7: Margaret: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
10:4-11	<i>most of our young people will display a level of sexualised behaviour in the way of drawing explicit things or saying things of repeating things of what they've heard or making gestures. That is pretty much a lot of our young people at (deleted) School</i>	It wasn't anything sexual
2:21-26 to 3:1-14	<i>we took out to a youth club, well not a youth club, a play centre and he was with one staff member and he was on his own, and he was playing in tubes and different things like that, he was 12 at the time. And after that erm the mum of a six year old girl had said that this boy had kissed her daughter and erm touched her. Erm, that was about 2 years ago now and that investigation is still going on so in regards to that we had to make a child protection referral. Erm, the police did contact us from the six year old mother's erm making the phone call to the police but we'd made the referral to our local safeguarding children's board</i>	
5:5-16	<i>Erm, we have a few young people who have been referred to (deleted intervention service) some who are already in (deleted intervention service) at the moment. Erm for things that could possibly be seen as sexually harmful behaviour but to themselves more than to anybody else. Erm, we had a young boy who was on a, SVR, I can't think, he's from (deleted town) and he was masturbating in the window of his foster carer's house. So they treated that as sexually harmful behaviour.</i>	
6:4-15	<i>It's different in all circumstances, because the young boy with the six year old girl, he kissed her and touched her. I would say that was possibly because he was older than her so it wasn't anything sexual, it was more powerful for him, that he just wanted to show her that he was the bigger boy. Erm, the young boy masturbating in the window I wouldn't say he was sexually aggressive to people.</i>	
8:8-16	<i>we explain to our residential pupils what it's okay to do when you're in the public and what it's not okay to do, who it's okay to talk to, who it's okay to play with, you know is their 12 year old okay playing with a 6 year old? Well no, not really, you should find people your own age.</i>	
18:6-18	<i>My typing was dreadful last time because I delivered [laughs] I delivered sexually harmful behaviour in January, [laughs] and instead of putting sexual threats, I put sexual treats and didn't realise until I was delivering it to 100 people, [laughs] ... Yeah, yeah and it was like, everyone was like giggling laughing going I don't think that's right. [Laughter]</i>	
6:17-24	<i>We also have a young boy at the moment who's being referred to (deleted intervention service), he likes to stroke females' hair if it's long, and he's gone from stroking females' hair to putting his hand over their mouth and grabbing their mouth. Erm, and we think that's a concern.</i>	Female vulnerability
9:3-15	<i>You know you see a lot of things in the media about paedophile or erm, but we never judge at (deleted) School, you know and we do work professionally with young male/female you know young people who have been subject to police investigation, erm,</i>	We don't judge

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
	<i>but not so much anymore. Erm, going back a few years ago we dealt with a lot of young people who possibly displayed a lot of sexualised behaviour.</i>	
11:1-11	<i>we had a young person, two young people went on holiday once and the young person had asked the other young person to perform a sexual act on them, erm, and unfortunately he was in Europe, you know we had to make you know enquiries. But when they came back they were both treated the same. Erm, we don't judge.</i>	
9:15-27 to 10:1-4	<i>The bigger the school grows, it's more risky for other young people to be around these people so we don't, if we're concerned, when a referral comes into (deleted) School, if we are concerned around their sexualised nature/comments/behaviour, then we possibly may not take them because it's not fair on our other pupils. Not because we can't manage them or deal with them, it's because we've got 65 young people at (deleted) School and we need to safeguard them from other young people who display this behaviour.</i>	
14:17-26 to 15:1-7	<i>Well of course other people who don't know them don't understand any of this. So they could be doing the work when this child isn't at baseline behaviour. So it's not going to go in. And when these young people are not ready to receive that work, erm, and at a level that they're erm teaching it at. Erm, whereas we'll know the correct time to talk to this young person because we'll know they're at baseline behaviour and then we'll see the signs of triggering and we can stop. Whereas the other people who don't know them are not able to do this.</i>	Keeping HSB in the group
13:4-24	<i>Well we feel at (deleted) School that the young people that live with us we're the best people to work with. We don't erm, we have erm consultants who are clinical psychologists but they work with staff, not with young people, because we feel as though young people walking into a room with a doctor or psychiatrist, they don't know them, they haven't got the relationship so it's best that they talk to us and we do the work with young people because we're more close and knowledgeable of the young person and the young person is more receptive to us than they are of somebody you know in a room that there's a stranger that they don't know. So it's better if we do the work.</i>	
11:13-17	<i>it gets to the point where we can't manage it because we're not erm, professional people in working with children with sexually harmful behaviour</i>	
12:14-25 to 13:1	<i>Erm, (specialist intervention) is very private and you're not to know what's going on but we have done a lot of work with erm young people's authorities, erm with these two boys, erm the one in France, erm they commissioned a worker from (deleted county) to come down err and work with this young person in regards to his sexual health or behaviour. But he gave us the work sheets and we did them with this young person.</i>	
11:17-25	<i>What we have done at (deleted school) is (deleted intervention service) have given us work to do with the young people. Erm, which we do at (deleted school) because we do it on a day-to-day basis but we're not the professionals to be dealing with this</i>	

School B: Publicly funded independent special school

Gregory

Gregory, the head of design and technology, had been employed at special school B for 12 months. He was a newcomer to special schools having spent 26 years teaching in mainstream education. Having formally consented to this interview he admitted to not having read the participant information sheet prior to that morning. He remarked how unexpected it was to be discussing HSB first thing of a morning, and whilst being given the opportunity to delay the interview and read the participant information sheet he declined and reaffirmed his consent to proceed. Because he had not been expecting to talk about HSB I considered his responses to my questions to be spontaneous, meaning they were less affected by preparation and prior reflection. On analysis, Gregory's narrative revealed three interrelated subordinate themes which were categorised as; because they are boys; career suicide and; internal staff support. These are used to structure the analysis and presented in Table 8 with supporting quotations.

Because they are boys

This theme revealed Gregory's lived experiences of child-on-child HSB to be predominantly that of sexually explicit language which was considered normal:

the area of sexually explicit language, sexually explicit behaviour, I think separate themselves, in that like I've said, because they're boys, the sexually explicit language will happen more often than the behaviour.
(Table 6: Transcript pages 6:17-19 to 7:1-2)

Sexualised language was ignored and accepted as a normal part of the school day, influenced by the male gender and age.

This acceptance of the sexualised behaviour of boys was combined with perceptions about how children exhibiting HSB at special school experienced family life:

these children come from environments where you understand that, this type of thing is going to happen. They're young, they're young lads, their hormones are all over the place, they are going to be sexually explicit with some things. (Table 6: Transcript page 3:3-7)

Sexualised language was therefore not seen as a problem even when it was experienced in association with sexualised behaviours:

I get one lad on a er on a Wednesday for two periods, he's on his own, and he will openly talk sexualised. So he'll grab hold of a piece of wood and um be sexual with it. He, he will um show um sexual manoeuvres with a bench or he'll rub himself up and down the pillar drill, you know, he'll, he'll do things like that. Um, and part of me, you've got to ignore it, part of me has got to turn it into your advantage of having a, a joke with him about what he's doing, um but it's not tolerated.....the most important thing is getting him focused on his work. (Table 6: Transcript page 7:4-14)

The narrative implied the lone supervision of a pupil exhibiting HSB on a regular basis during the school week. The sexualised language is accepted and ignored, as indicated earlier, but in this example has led to the development of sexualised behaviour. Moreover, by engaging the pupil in shared humour the acceptance of HSB is confirmed to the pupil. However, this approach allowed Gregory to focus on academic work which was implied as being more important than responding to sexualised behaviours.

There was a tension in the narrative however, because although sexualised language and to some extent behaviours were accepted, Gregory experienced these in contrast to his personal beliefs:

as part of my own faith of Christianity, er it doesn't sit comfortably with me. Having said that, you've got to be completely professional in your job, and what a, what a school like this does, is it crystallises almost, because you've got thirty five lads in one place, who all have problems, it crystallises the problem. Whereas in mainstream school, you've still got that problem, it's just disseminated against the thousands that are in that school. Where you've got the really nice good girls, the really nice good boys. (Table 6: Transcript page 8:5-15)

Faith and Christianity influenced the way in which HSB was perceived, making it unacceptable. In contrast however, the professional role meant understanding the child, their background and the sexualised behaviours referred to as 'crystallised' in the special school, becoming more apparent, taking shape and clearer to see as opposed to the mainstream school the behaviours were hidden amongst children considered to be nice and good. The professional stance enabled Gregory to state:

On, on that sort of behaviour here. It, I, I, I say it doesn't bother me, it's um, I don't get offended by it, because you'd like to think that as an adult, you're bigger than getting offended by it, it is just kids at the end of the day....Er I don't like it....Um, because that's not how I brought my children up....And so as a father and a pastoral man in the school, you're trying to then bring those pastoral values, and those parenting values onto the children that we have. (Table 6: Transcript page 9:3-14)

The narrative revealed an attempt to explain a metaphorical distance between the adult as a teacher, pastoral man and a father and the child exhibiting HSB. By establishing this distance, Gregory was able to separate his personal and professional beliefs about children, particularly boys, who exhibited HSB. Nevertheless, he remained influenced by those personal beliefs and his experiences of parenting, to help him respond to the children.

Career suicide

Gregory raised concerns about his teaching career associated with working in a special school:

When you take a job on here, you're here not to advance your, not to advance your career, er because many people see this as career suicide, coming to a place like this. Um I don't, you know, it's been the best thing that's happened to me. (Table 6: Transcript page 16:5-8)

A negative perception of special schools is explicit within the narrative, affecting Gregory's personal beliefs about his career and career progression. However, the prior perceptions had contrasted markedly with actual experiences meaning the change in Gregory's career was seen as a positive move. This change of attitude was supported by the experiences of working with other staff.

Internal staff support

The final theme derived from the narrative revealed the positive experience of staff working together:

when all the teaching staff get together, it is, it's like a department...Um and consequently you're very close...And that makes coming to work very enjoyable. Although we, although we spend a lot of time segregated into our teaching areas, lunch time we're altogether, break times, we're on duty and we see other people, and you mingle, first thing in the morning, after school, there's a, there's a fantastic feeling in the school. (Table 6: Transcript page 24:5-15)

The importance of working and being close to other staff at school was an essential element that enhanced wellbeing and positive perceptions of working in this special school. This was evident when a pupil had:

groped a member of staff, um a couple of days ago and so that was Pink Formed, (Celia) goes home and does a home visit....Talks to the parents about the incident, the, the parents due to the background, she looks at the um, the environment, she looks at um the surrounding issues with the

family and then she brings it all back together....Um have informed Social Services that this is what's gone on...You feel very supported that something's happened....As a result of that child. (Table 6: Transcript page 15:3-15)

The role of the safeguarding officer is one of support for the child. This is accepted as reassurance of action that has been taken to respond to the sexual assault of the member of staff. However, there is a tension in the narrative at this point because the officer's actions were based upon the needs of the child, not the member of staff. Instead, staff had been told not to feel that sexualised behaviours were personal to them:

nobody takes it personally....Because we don't need to, we're here for these children, that, that is made very clear to us. (Table 6: Transcript pages 15:17 to 16:1-3)

Despite the feelings of reassurance, there is a suggestion that the senior leadership expected staff to accept the sexualised behaviour that is directed towards them because their role is to focus on the children, not themselves. Thus, sexualised behaviour exhibited towards staff appears to be condoned.

When an incident of HSB occurs, other staff and not the children are the first concern of those involved:

your first concern, whilst you, when the member, I, I got spoken to by the member of staff who told me, and your first concern is "Are you okay?", you know, "How did that affect you?", and once you know that they're alright, "Oh yeah, you know, it's, it's not a problem and he was restrained and this and that, he was spoken to". You then, you then come back down to that child's circumstances. You know, why, why has he done, what he's done, and when you look at this child, with all that's going on in his life, the horrific home life that he has and the lack of affection and female role model that he has in his life, he doesn't have boundaries....You begin to understand as a, as a thirteen year old boy growing up, with a, an attractive young lady who's er teaching him, you, you can understand why that's happened. It's not good. (Table 6: Transcript pages 16:16-20 to 17:1-10)

The narrative implies that members of staff targeted by children exhibiting sexualised behaviour were the main concern for other staff members. An

assumption that the child had behaved in this way because of their background was made, giving time for staff to comfort each other and then return once satisfied, to consider the child's welfare. This placed staff and not the child at the centre of concerns. The vulnerability of female staff was recognised in the narrative and consequently supported amidst the continued perception that the child's background was to blame for the assault.

Gregory also made reference to the way in which he felt supported at the school through being able to physically restrain aggressive children:

Um, I think that what, what is particular to, to this particular school is the restraint system that we use in the school, which is more for aggressive behaviour, but if a child was demonstrating a sexual activity with another child and then turned, because he was caught, turned violent. Which many, many of our children could do. Then we have a system called "Team Teacher" at the school, where we are allowed to restrain those pupils. And the training that we've had in that, so that's standard, gives you the confidence that you can go in and deal with issues like that. Um, so yeah, it, were something like that to happen the, the specialist nature of a place like this, it does, it does help you deal with it. (Table 6: Transcript pages 13:3-118 to 14:1-2)

Without training in HSB, Gregory had taken solace from the support provided by the internal group and the use of physical restraint. Gregory's use of the word 'allowed' implied his sense of the permission being given to staff that correlated with the specialist nature of working at the school and the child who was educated there.

In summary, the three subordinate themes revealed the lived experience of child-on-child HSB to be sexualised language and behaviours that were expected of children, particularly boys, in special schools. HSB was believed to be a response to poor home environments where inappropriate sexualised behaviours occurred. This contributed to a stereotype of a child exhibiting HSB. With no training Gregory had distanced himself from pupils who exhibited HSB, using personal experiences of Faith, parenting and humour to aid inconsistent responses to HSB. Expressed beliefs and fears of vulnerability concerned with working in the special school were changed through the support of the internal group which seemed to place the needs of staff above the needs of the children.

Table 8: Gregory: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
6:17-19 to 7:1-2	<i>the area of sexually explicit language, sexually explicit behaviour, I think separate themselves, in that like I've said, because they're boys, the sexually explicit language will happen more often than the behaviour.</i>	Because they are boys
3:3-7	<i>these children come from environments where you understand that, this type of thing is going to happen. They're young, they're young lads, their hormones are all over the place, they are going to be sexually explicit with some things.</i>	
7:4-14	<i>I get one lad on a er on a Wednesday for two periods, he's on his own, and he will openly talk sexualised. So he'll grab hold of a piece of wood and um be sexual with it. He, he will um show um sexual manoeuvres with a bench or he'll rub himself up and down the pillar drill, you know, he'll, he'll do things like that. Um, and part of me, you've got to ignore it, part of me has got to turn it into your advantage of having a, a joke with him about what he's doing, um but it's not tolerated.....the most important thing is getting him focused on his work.</i>	
8:5-15	<i>as part of my own faith of Christianity, er it doesn't sit comfortably with me. Having said that, you've got to be completely professional in your job, and what a, what a school like this does, is it crystallises almost, because you've got thirty five lads in one place, who all have problems, it crystallises the problem. Whereas in mainstream school, you've still got that problem, it's just disseminated against the thousands that are in that school. Where you've got the really nice good girls, the really nice good boys.</i>	
9:3-14	<i>On, on that sort of behaviour here. It, I, I, I say it doesn't bother me, it's um, I don't get offended by it, because you'd like to think that as an adult, you're bigger than getting offended by it, it is just kids at the end of the day....Er I don't like it....Um, because that's not how I brought my children up....And so as a father and a pastoral man in the school, you're trying to then bring those pastoral values, and those parenting values onto the children that we have.</i>	
16:5-8	<i>When you take a job on here, you're here not to advance your, not to advance your career, er because many people see this as career suicide, coming to a place like this. Um I don't, you know, it's been the best thing that's happened to me.</i>	Career suicide
24:5-15	<i>when all the teaching staff get together, it is, it's like a department...Um and consequently you're very close...And that makes coming to work very enjoyable. Although we, although we spend a lot of time segregated into our teaching areas, lunch time we're altogether, break times, we're on duty and we see other people, and you mingle, first thing in the morning, after school, there's a, there's a fantastic feeling in the school.</i>	Internal staff support
15:3-15	<i>groped a member of staff, um a couple of days ago and so that was Pink Formed, (Celia) goes home and does a home visit....Talks to the parents about the incident, the, the parents due to the background, she looks at the um, the environment,</i>	

	<i>she looks at um the surrounding issues with the family and then she brings it all back together....Um have informed Social Services that this is what's gone on...You feel very supported that something's happened....As a result of that child.</i>	
15:17 to 16:1-3	<i>nobody takes it personally.....Because we don't need to, we're here for these children, that, that is made very clear to us.</i>	
16:16-20 to 17:1-10	<i>your first concern, whilst you, when the member, I, I got spoken to by the member of staff who told me, and your first concern is "Are you okay?", you know, "How did that affect you?", and once you know that they're alright, "Oh yeah, you know, it's, it's not a problem and he was restrained and this and that, he was spoken to". You then, you then come back down to that child's circumstances. You know, why, why has he done, what he's done, and when you look at this child, with all that's going on in his life, the horrific home life that he has and the lack of affection and female role model that he has in his life, he doesn't have boundaries....You begin to understand as a, as a thirteen year old boy growing up, with a, an attractive young lady who's er teaching him, you, you can understand why that's happened. It's not good.</i>	
13:3-118 to 14:1-2	<i>Um, I think that what, what is particular to, to this particular school is the restraint system that we use in the school, which is more for aggressive behaviour, but if a child was demonstrating a sexual activity with another child and then turned, because he was caught, turned violent. Which many, many of our children could do. Then we have a system called "Team Teacher" at the school, where we are allowed to restrain those pupils. And the training that we've had in that, so that's standard [ph], gives you the confidence that you can go in and deal with issues like that. Um, so yeah, it, were something like that to happen the, the specialist nature of a place like this, it does, it does help you deal with it.</i>	

Juliet

Juliet had been employed at special school B as an English teacher. She had been in post for 12 months and described the change as positive. Prior to this she had worked for sixteen years in a primary school and had experience of children with challenging behaviours but not HSB. On analysis, Juliet's narrative revealed three interrelated subordinate themes which were categorised as; accepting and ignoring HSB; female vulnerability and; everyone supports each other. These are used to structure the analysis and presented in Table 9 with supporting quotations.

Accepting and ignoring HSB

This theme reveals how Juliet's minimal experience of child-on-child HSB had escalated upon entering the special school environment:

Um to be honest I, I haven't experienced anything like that really, not on the scale until I came here um I know that's the, the nature of our pupils and that's part of the reason why they are here. Um, I can think of one particular pupil who does use very sexualised language, um more so towards female members of staff. (Table 7: Transcript pages 7:17 to 8:1-4)

The narrative implied the special school environment was accepted as a place where children would exhibit sexualised behaviour, particularly sexualised language. In this way, the children were stereotyped both by their attendance at the school and the expectation for poor behaviour.

An example of sexualised behaviour exhibited by one pupil towards females in the school was offered. This outlined how staff responded:

to make sure that he's on the right, the right way, um, yeah, very sexualised language, could be you know, quite graphic in what he says. Um I think that is actually improving with him slowly.....But he can almost get obsessed with a particular girl....And then everything is sort of what can I do to impress her?
(Table 7: Transcript pages 9:14-16 to 10:1-4)

Staff were aware of the level of sexualised language used by the pupil and that it was both graphic and obsessively directed towards one female:

And in fact we were joking about it yesterday, saying "Actually what have I got to do to make her be my girlfriend?", "Well, you're trying too hard", or completely over the top trying to do too much, and he doesn't understand, "Oh I'll never get a girlfriend, I'll never be able to do this, I'll never be able to do that". And it is trying to say "Well actually, just back off" [chuckling].
(Table 7: Transcript page 10:6-12)

Although aware of the increased sexualised behaviours exhibited towards a female pupil, the humorous response indicated this was ignored and not thought to be dangerous. Thus, the risk of this pupil continuing his behaviour emerged meaning humour was not an appropriate response.

Female vulnerability

The experience of HSB contributed to feelings of vulnerability associated with being a female teacher at a special school. The use of humour had previously given the impression of the member of staff being 'on side' with the pupil and therefore condoning his behaviour. However, when the sexualised behaviours were directed towards staff, the response was different:

INT: How do you feel about that child when they do that?

RES: Do you know it's [sigh], it is really hard, because sometimes you think, although I know I'm safe, it does, it is there in the back of your mind, how safe actually am I working with this pupil or this pupil.
(Table 7: Transcript page 18:6-9)

Personal safety was an important consideration for the member of staff. The behaviours of the pupil were a constant reminder of the potential that she may be targeted sexually herself, meaning she felt unsafe. Although not made explicit in the narrative, whilst sexualised behaviours between children were largely accepted and ignored, this was not the case when female staff were concerned. This meant the support of other members of staff was an essential part of the school day.

Everyone supports each other

The final theme supported the need for interaction with, and the support of, other members of staff. This contributed to feelings of job satisfaction:

It's like, it's a dream job really.....I'm sure the person you spoke to before is probably saying something quite similar [chuckling]...I think it's the whole thing, the, the ethos of the school, the feeling that it's family based.....Everyone works together, everyone supports each other (Table 7: Transcript pages 4:17 to 5:1-8)

The description of a family-based atmosphere at the school suggested a close knit, supportive and potentially closed environment. This supportive element implied a sense of safety and confidence which contrasted with earlier concerns for personal safety. Thus, the narrative implies Juliet needed the support of other staff in the same way the pupil needed hers.

In summary, the three subordinate themes revealed the lived experience of child-on-child HSB to be accepted as age-related and a characteristic behaviour of pupils at special schools, thus subjecting the child to a stereotype. Whilst vulnerability of female pupils was responded to with humour, when staff were involved it was responded to by fears for personal safety. Group support provided a sense of safety and security.

Table 9: Juliet: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
7:17 to 8:1-4	<i>Um to be honest I, I haven't experienced anything like that really, not on the scale until I came here um I know that's the, the nature of our pupils and that's part of the reason why they are here. Um, I can think of one particular pupil who does use very sexualised language, um more so towards female members of staff.</i>	Accepting and ignoring HSB
9:14-16 to 10:1-4	<i>to make sure that he's on the right, the right way, um, yeah, very sexualised language, could be you know, quite graphic in what he says. Um I think that is actually improving with him slowly.....But he can almost get obsessed with a particular girl....And then everything is sort of what can I do to impress her?</i>	
10:6-12	<i>And in fact we were joking about it yesterday, saying "Actually what have I got to do to make her be my girlfriend?", "Well, you're trying too hard", or completely over the top trying to do too much, and he doesn't understand, "Oh I'll never get a girlfriend, I'll never be able to do this, I'll never be able to do that". And it is trying to say "Well actually, just back off" [chuckling].</i>	
18:6-9	<p>INT: How do you feel about that child when they do that?</p> <p>RES: Do you know it's [sigh], it is really hard, because sometimes you think, although I know I'm safe, it does, it is there in the back of your mind, how safe actually am I working with this pupil or this pupil.</p>	Female vulnerability
4:17 to 5:1-8	<i>It's like, it's a dream job really....I'm sure the person you spoke to before is probably saying something quite similar [chuckling]...I think it's the whole thing, the, the ethos of the school, the feeling that it's family based.....Everyone works together, everyone supports each other</i>	Everyone supports each other

James

James was the principal of special school B and had been in post for 2 years. His teaching career of 9 years included experience gained within EBD (emotional and behavioural difficulties) provision in the private sector, this giving him extensive experience of child-on-child HSB. James told me that before entering a career in teaching, he had served as a Royal Marine in Afghanistan and Iraq. During the interview, James used examples from his current and previous school in his responses. On analysis, James' narrative revealed four interrelated subordinate themes which were categorised as; different children; no support; school is blamed for HSB and; could end someone's career very quickly. These are used to structure the analysis and presented in Table 10 with supporting quotations.

Different children

Previous experiences of child-on-child HSB were recalled as being extremely challenging. These were described as a variety of incidents that had occurred during the school day:

Erm, you would see a mixture of grooming techniques from young boys that had been sexually assaulted and raped from an early age. Erm, so they'd be grooming young children throughout that, erm, and you'd have to work with them during the day, throughout the time that they were also having therapeutic sessions. So it was a very, very challenging environment to be in, erm, and a lot of the children required an awful lot of positive touch at times as well to calm them down. And you'd see sexually excited boys in the PE changing rooms because of some of the things they'd been involved in the past.....And you'd regularly encounter children trying to run off site when they heard there was difficulties in other areas of the school to try and get involved so that they could be involved with other boys, they saw opportunities. So they might need to be held to prevent that from occurring, I suppose. (Table 8 Transcript pages 2:8-20 to 3:1)

The interpretation of the environment in which child-on-child HSB occurred is that of a chaotic school in which attempts were made to continue academic lessons despite the inability of the children to settle in the classroom. The narrative implies some children took advantage of this chaotic environment to engage in sexualised

contact with other children whilst staff were otherwise distracted and engaged elsewhere. The reference to the use of 'positive touch' and the child being 'held' in response to sexualised behaviours reveals the frequent use of physical restraint as a school-based intervention to prevent child-on-child HSB.

Children exhibiting sexualised behaviour were perceived by James as being different to other children because of their environmental influences:

I would see that that young person has been deeply affected by something in their life and they weren't born like that. That's just my perspective. So I wouldn't treat them particularly differently, I'd be much more wary around them, erm and their risk assessment increases, erm, and the type of work you do around them increases (Table 8: Transcript pages 17:18-19 to 18: 1-3)

The narrative suggests a stereotype is used to explain the sexualised behaviours of the child, thus confirming them as being different to other children. This is supported in the narrative by assertions that the child would not be treated differently. However, the narrative shows the child is treated differently because of the heightened awareness of the behaviours which contribute to increased risk assessments. In this way, an unconscious conflict between beliefs and actions occurs, driven by an emotional rather than a practical response.

No support for HSB

This theme takes a direct quote from the narrative to explore the lack of support for schools and the resulting consequences upon both staff and children. The narrative has been included here in its entirety:

I was working with a young boy who'd been raped and he was a Polish child, he'd been raped in a [unclear 00:05:14] urinated on from a very early age. And he was consistently grooming young boys through units and it was difficult because other pupils knew about this behaviour and used it as a bullying technique on him.

And this poor lad was just broken inside and you felt utterly sorry for him and no one in the senior management, or even in the therapeutic environment seemed to be doing what you felt, as a teacher, needed to be done.

There was no support or consequence for the other pupil's actions to deal with their bullying because they would call him shitty knickers I remember and it was a horrible comment. And boys would come and smear banana over the walls of the classroom because he used to smear in the unit at night, to keep people away from him because of his experiences were just so horrendous.

He had a full care order, you know, he could only have very limited supervised meetings with some of his family. And yet when you were talking to him he held this fantasy, almost, that that was all going to be okay one day and he was going to be back with his parents. And you just thought somebody really needs to coach him through this that that's not going to happen at this point.

But there didn't seem to be all services working together. It was extremely frustrating and quite sad to watch when you saw a child in crisis and you had to hold ... you were using RPI and really you shouldn't have been in that situation because you were just trying to protect others and protect him from being in a more vulnerable situation. And if a few more people thought about that young person or the plan was correct then you wouldn't be in that context. (Table 8: Transcript pages 6:3-21 to 7:1-9)

The narrative reproduces an example of a Looked-After Child who had been placed into a special school in which James had previously been employed. The narrative explicitly reveals the lack of external support for either the school or the child for whom the local authority would have had parental responsibility. A further lack of support is explicitly observed within the context of the internal management of the school, who are not working with external agencies in the best interests of the child. Therapeutic support is highlighted as missing despite the child's obviously poor experiences and needs.

This caused feelings of sadness and frustration for James who, as a teacher at the time, failed to understand why the child was not receiving support. This caused a further sense of frustration in that the lack of support means the child continues to suffer abuse from other pupils, without any apparent consequence. James made a further reference to physical restraint as this being the only intervention available to him to stop one child sexually grooming other pupils. Thus, a sadness and sense of helplessness is evident in the narrative because without support and planning for the child, James felt unable to act, without using physical force, to keep children safe.

The lack of planning and support was associated with poor information sharing:

we don't get that history and often what we get is multiple foster homes, multiple school placements that have failed. Err, multiple exclusions whether permanent or fixed. And you get what's called a troubled young person and no one prior has really identified why are they so troubled (Table 8: Transcript page 14:3-7)

The narrative is explicit in revealing the difference between the attitude of the local authority and the generalised information that was shared about a child and the specific experiences of school. The generalised profile of the child gave no indication about the child's needs. James believed support for the management of HSB at school was too expensive for schools to afford:

they don't really seem to tackle the major issue over sexualised behaviour or incidents that might have happened in the past. ...Where you don't seem to get that specialist support where you require an EP or a drama therapist or. It costs too much so people ignore it.....I think it's too expensive and I don't think people can afford it in their budgets. Yeah we should have it as a package here.....And what surprises me is that, erm, you come to be a teacher or a principal, or a leader in this environment and the first thing you would expect is to see a huge counselling, array of counsellors, specialist support workers, speech and language therapists and actually you don't because you can't run that school because it's cost effective too expensive and you have to have teachers and TAs first and you can't afford the other so you have to cut corners. (Table 8: Transcript pages 11:14-22 to 12: 1-7)

The lack of specialist interventions for children exhibiting HSB is perhaps contrary to the perceptions of specialist provision. The narrative is explicit in that the special school environment does not address the sexualised behaviours of children because it is considered too expensive, with an assumption made that it is ignored.

In his role as headteacher James feels frustrated both about the lack of specialist provision and also about his inability to fund interventions directly because of his priority to employ staff. This led James to explain:

I feel all people get better at doing is hiding it, smoke and mirrors, a little more so they're playing with the data in a different way, skewing it, to make out that not as many children are being excluded, or erm, you know are getting better outcomes. Because we all know we can play with data, I mean we can make it fit whatever we want to say. (Table 8: Transcript page 33:8-12)

James offered an example of a pupil who 'was already a predator to young people, he was already on the offenders list' and whose review had ignored his underlying needs:

there wasn't any improvement in his behaviour, it was getting worse and worse. In fact he was getting more extreme in what he would do to be able to meet the needs for himself and to be able to meet some of the younger children in the unit.....So it's frustrating because there didn't seem to be any multi issue work, I mean I sat on his reviews back in the days when there were reviews and statements and he had multiple through the year because he was a higher needs pupil but there was no joined up thinking. It was all back towards let's put a nice picture of how nice he is and put a smile and can you show progress in his learning and no real focus on the need of the individual (Table 8: Transcript page 10:6-16)

The narrative explicitly reveals the lack of specialist support for the school and this pupil, identifying how data and academic progress takes precedence over harmful sexualised behaviour. The narrative implies that even if the local authority ignores the problem the school could not, meaning academic priorities were difficult to sustain. The experience of child-on-child HSB within the political agenda of the education system was that of frustration for James.

He was aware of the manipulation of school data which contributed to his sense of frustration because of his inability to influence the outcomes for children. This left him feeling as though:

I got daggers in my back and I don't know why and I think I'm just trying to help (Table 8: Transcript page 37:9-10)

But the support doesn't seem to be out there and I feel that people are looking to point fingers to see that, erm, the kids are failing and it's the school that's failing the children and I find that really depressing at times. (Table 8: Transcript page 38:3-5)

The feelings expressed by James revealed his sense of the consequences of the lack of support for him as an individual. The description of sharp pain in his back implies more than a lack of support and rather, a sense of a deliberate attempt to dissuade James from involving himself in anything other than the academic requirements of the local authority, even to the extent that when a child failed academically, the school was blamed. The awareness of this lack of support is depressing for James because of the implied dishonesty associated with ignoring the child's needs.

School is blamed for HSB

James believed the school was unsupported because of a lack of resources and not knowing where to find advice:

Erm, there's limited resources out there, you don't know where to go and knock and find out who to go to for advice, and it's slow which is frustrating...And sometimes I think there's, erm, an element, if I'm honest, that if something happened within the school or within your, your group of children cohort, then personally I would feel that a local authority almost blame the school. Say ah well they're at your school that's why that's occurred. (Table 8: Transcript page 19:5-18)

The lack of support was compounded by the lack of external interventions for HSB which were hard to find and slow to respond when contacted. With little support,

lack of funding and no direction from the local authority on how to deal with child-on-child HSB, this meant the school was open to criticism by the very authority that should have been supporting it meaning:

The school is labelled, the history, the legacy can be labelled as well. (Table 8: Transcript page 20:4-5)

The narrative implies that blame was levelled against the special school for when child-on-child HSB occurred, contrary to an implied expectation for it to occur and being the school's responsibility. This in turn implied the local authority did not wish to know about the HSB occurring at school. Thus, in the same way that the school stereotyped children exhibiting HSB by blaming the child's background, the local authority stereotyped the special school as being a school where HSB was accepted. Thus, the redistribution of blame and responsibility for a child's sexualised behaviour led to James' feelings of frustration, isolation and a sense of danger.

Could end someone's career very quickly

A sense of danger associated with HSB was evident in the narrative:

I think, as professionals, we are very wary of the danger we put ourselves in because we work with extremely vulnerable children....And there's a huge grey line and it would only take the wrong child to say the wrong thing and our careers are over, you know. Or do the wrong thing in our care and the judgment from the higher powers, whether it's local authority, safeguarding officers, you know, to point the finger and it could end someone's career very quickly. (Table 8: Transcript pages 27:19 to 28:1-7)

The narrative implied that whereas school professionals were able to recognise dangers associated with working with vulnerable children, this was not the case for others. A lack of clarity and empathy existed between the school and external professionals. Professionals at school were wary of both the child and the local authority and thus experienced the school as a lone environment in which it was

dangerous to work. This sense of isolation was based upon prior experiences of staff who had been the recipient of the lack of understanding and empathy:

I've worked with members of staff that a young person has, I use the word escaped, we've got away from to go and be able to go and do something with any group of child and have sexual intercourse with them, whatever they've managed to do in the woods, and then those members of staff would be professionally criticised. They've been through tribunals, they've been removed from their positions, they're made to feel inadequate. And that person is not equipped to deal with that situation, they've been given a very basic set of training, but the child will find an opportunity at times. If they want to go and do something they will find an opportunity to make that happen somehow. If that need is there and that want, you know, it's internal but they'll find a way of exploring that and they'll find the right moment, and they'll create the right situation. And I feel that's dangerous. (Table 8: Transcript pages 28:10-21 to 11:1)

The sense of danger associated with working with child-on-child HSB is explicit in the narrative. This is in association with a sense of inevitability that the child will behave sexually towards other children despite the actions of staff. Blame for the sexualised behaviours is then placed upon the ill-equipped and poorly trained member of staff. The sense of danger is thus associated with inadequacy, lack of skills and lack of support for the individual.

In summary, the four subordinate themes revealed the lived experience of child-on-child HSB to be a series of negative experiences across a wide spectrum of sexualised behaviours. The lack of support from the local authority included limited child histories that were devoid of prior sexualised behaviours and a focus on the school data to show academic success where there was little. The lack of therapeutic support for child-on-child HSB was considered to occur because of the high cost of interventions which contributed to ignoring the needs of the child and the school. The local authority appeared to accept child-on-child HSB as an expected behaviour at the school but diverted responsibility for it back towards the school. Thus, despite the understanding that some children would find any opportunity to behave sexually towards other children, staff were blamed and subjected to disciplinary action, tribunals and loss of careers.

Table 10: James: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
2:8-20 to 3:1	<i>Erm, you would see a mixture of grooming techniques from young boys that had been sexually assaulted and raped from an early age. Erm, so they'd be grooming young children throughout that, erm, and you'd have to work with them during the day, throughout the time that they were also having therapeutic sessions. So it was a very, very challenging environment to be in, erm, and a lot of the children required an awful lot of positive touch at times as well to calm them down. And you'd see sexually excited boys in the PE changing rooms because of some of the things they'd been involved in the past.....And you'd regularly encounter children trying to run off site when they heard there was difficulties in other areas of the school to try and get involved so that they could be involved with other boys, they saw opportunities. So they might need to be held to prevent that from occurring, I suppose.</i>	Different children
17:18-19 to 18: 1-3	<i>I would see that that young person has been deeply affected by something in their life and they weren't born like that. That's just my perspective. So I wouldn't treat them particularly differently, I'd be much more wary around them, erm and their risk assessment increases, erm, and the type of work you do around them increases</i>	
6:3-21 to 7:1-9	<i>I was working with a young boy who'd been raped and he was a Polish child, he'd been raped in a [unclear 00:05:14] urinated on from a very early age. And he was consistently grooming young boys through units and it was difficult because other pupils knew about this behaviour and used it as a bullying technique on him. And this poor lad was just broken inside and you felt utterly sorry for him and no one in the senior management, or even in the therapeutic environment seemed to be doing what you felt, as a teacher, needed to be done. There was no support or consequence for the other pupil's actions to deal with their bullying because they would call him shitty knickers I remember and it was a horrible comment. And boys would come and smear banana over the walls of the classroom because he used to smear in the unit at night, to keep people away from him because of his experiences were just so horrendous. He had a full care order, you know, he could only have very limited supervised meetings with some of his family. And yet when you were talking to him he held this fantasy, almost, that that was all going to be okay one day and he was going to be back with his parents. And you just thought somebody really needs to coach him through this that that's not going to happen at this point. But there didn't seem to be all services working together. It was extremely frustrating and quite sad to watch when you saw a child in crisis and you had to hold ... you were using RPI and really you shouldn't have been in that situation because you were just trying to protect others and protect him from being in a more vulnerable situation. And if a few more people thought about that young person or the plan was correct then you wouldn't be in that context.</i>	No support

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
14:3-7	<i>we don't get that history and often what we get is multiple foster homes, multiple school placements that have failed. Err, multiple exclusions whether permanent or fixed. And you get what's called a troubled young person and no one prior has really identified why are they so troubled</i>	
11:14-22 to 12: 1-7	<i>they don't really seem to tackle the major issue over sexualised behaviour or incidents that might have happened in the past. ...Where you don't seem to get that specialist support where you require an EP or a drama therapist or. It costs too much so people ignore it.....I think it's too expensive and I don't think people can afford it in their budgets. Yeah we should have it as a package here.....And what surprises me is that, erm, you come to be a teacher or a principal, or a leader in this environment and the first thing you would expect is to see a huge counselling, array of counsellors, specialist support workers, speech and language therapists and actually you don't because you can't run that school because it's cost effective too expensive and you have to have teachers and TAs first and you can't afford the other so you have to cut corners.</i>	
33:8-12	<i>I feel all people get better at doing is hiding it, smoke and mirrors, a little more so they're playing with the data in a different way, skewing it, to make out that not as many children are being excluded, or erm, you know are getting better outcomes. Because we all know we can play with data, I mean we can make it fit whatever we want to say.</i>	
10:6-16	<i>there wasn't any improvement in his behaviour, it was getting worse and worse. In fact he was getting more extreme in what he would do to be able to meet the needs for himself and to be able to meet some of the younger children in the unit.....So it's frustrating because there didn't seem to be any multi issue work, I mean I sat on his reviews back in the days when there were reviews and statements and he had multiple through the year because he was a higher needs pupil but there was no joined up thinking. It was all back towards let's put a nice picture of how nice he is and put a smile and can you show progress in his learning and no real focus on the need of the individual</i>	
37:9-10	<i>I got daggers in my back and I don't know why and I think I'm just trying to help.....But the support doesn't seem to be out there and I feel that people are looking to point fingers to see that, erm, the kids are failing and it's the school that's failing the children and I find that really depressing at times.</i>	
38:3-5	<i>But the support doesn't seem to be out there and I feel that people are looking to point fingers to see that, erm, the kids are failing and it's the school that's failing the children and I find that really depressing at times.</i>	
19:5-18	<i>Erm, there's limited resources out there, you don't know where to go and knock and find out who to go to for advice, and it's slow which is frustrating...And sometimes I think there's, erm, an element, if I'm honest, that if something happened within the school or within your, your group of children cohort, then personally I would feel that a local authority almost blame the school. Say ah well they're at your school that's why that's occurred.</i>	School is blamed for HSB
20:4-5	<i>The school is labelled, the history, the legacy can be labelled as well.</i>	

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
27:19 to 28:1-7	<i>I think, as professionals, we are very wary of the danger we put ourselves in because we work with extremely vulnerable children....And there's a huge grey line and it would only take the wrong child to say the wrong thing and our careers are over, you know. Or do the wrong thing in our care and the judgment from the higher powers, whether it's local authority, safeguarding officers, you know, to point the finger and it could end someone's career very quickly.</i>	Could end someone's career very quickly
28:10-21 to 11:1	<i>I've worked with members of staff that a young person has, I use the word escaped, we've got away from to go and be able to go and do something with any group of child and have sexual intercourse with them, whatever they've managed to do in the woods, and then those members of staff would be professionally criticised. They've been through tribunals, they've been removed from their positions, they're made to feel inadequate. And that person is not equipped to deal with that situation, they've been given a very basic set of training, but the child will find an opportunity at times. If they want to go and do something they will find an opportunity to make that happen somehow. If that need is there and that want, you know, it's internal but they'll find a way of exploring that and they'll find the right moment, and they'll create the right situation. And I feel that's dangerous.</i>	

Peter

Peter was the assistant principal at special school B, for 2 years with responsibility for behaviour and pastoral matters. Peter had limited experience of HSB and had received no training in the topic. He had originally entered special school education as a result of a chance remark, submitting his application on a Thursday, being interviewed the day after and commencing work the following Monday. On analysis, Peter's narrative revealed three interrelated subordinate themes which were categorised as; umbrellas of behaviour; HSB ruins schools and; lack of support. These are used to structure the analysis and presented in Table 11 with supporting quotations.

Umbrellas of behaviour

Peter described how his experiences of HSB were focused on sexualised language which was manifested by children in one of two ways:

The sexualised language, I think, um... There's often two formats, I suppose for it. There's the child who's in crisis who is just repeating words that he's heard. And quite often they don't necessarily mean anything to that child and they, when you speak to them afterwards, they may not even remember using the terminology like that or they certainly don't know what it is or the significance of the words that they've been using. So I think that's one part of it. Another part of it for me is when you do have, it's possibly less sexually explicit language but the meaning is there, although it's an underlying current, I suppose. (Table 9: Transcript page 4:14-23)

Peter did not refer to any type of sexualised behaviour other than language. The narrative revealed his understanding of the exhibition of sexualised language to be within the context of the child's understanding. This meant that if the child understood what they were saying, Peter considered the behaviour to be more serious.

Although sexual intent by the child was inferred by Peter's understanding, the narrative implied that sexualised behaviour was hidden beneath generalised behaviours considered to be poor:

For me, it all comes under the umbrella of behaviour. So we are constantly trying to reward our children here for positive behaviour, the whole system is built on that positive behaviour, positive, catching them whilst they are being good. And so because the emphasis is so much on that, you may have, if you put all the behaviour together, yes, there are obviously different levels of extreme or challenging behaviour. (Table 9: Transcript pages 6:15-20 to 7:1)

Sexualised behaviours existed under a 'catch all' analogy of an overarching umbrella of behaviour, implying a lack of distinction for sexualised behaviour amongst other behaviours of concern. The narrative implied but does not explicitly state, that by taking this approach sexualised behaviour is hidden and even ignored:

If I was to ask you what's the higher level, a racial assault or a sexual assault, they are both up there. So do I think of one as more important than the other? No I don't. Because they are both incredibly serious. So when you talk and when I think about behaviours, I suppose I categorise on level the behaviours from low level disruption right the way through to high level assaults. (Table 9: Transcript page 11:14-20)

The narrative revealed that no distinctions existed between different types of behaviours exhibited by children at the school, supporting an acceptance that included child-on-child HSB. Behaviours were not considered in terms of potential harm caused by the behaviour but how it might potentially disrupt the school day. Thus, behaviours were managed for the benefit of the school and the staff rather than the children and to maintain the smooth running of the school day.

HSB ruins schools

This theme revealed HSB to be considered by Peter to be:

quite a taboo topic. People don't necessarily want to discuss it that much. People certainly don't want to admit that there are issues. I think because... This is just me personally, but certainly recently, because of all the Press and all the reports around the high profile cases, Jimmy Saville and all the rest of it. And the fact that there have been incidents in schools before. If you, if something does come up at school, it is likely to ruin that school. (Table 9: Transcript page 9:15-22)

Peter's reference to HSB occurred in the context of high-profile cases of child sexual abuse between adults and children reported in the media. No distinction had been made between the sexualised behaviours between adults and children, and those between children. This implied that any kind of sexual incident was thought to be detrimental for the school, supporting the description of the topic as taboo and therefore damaging. Thus, the sense of the individual is apparent as fear associated with the loss of the school's reputation and how this might affect staff.

Lack of support

Difficulties in accessing support from external practitioners and agencies for when harmful child sexual behaviours occurred at school, were explored in this theme:

you're able to find a lot of people who know a little bit about a lot. But then where you might have experts or some, you know, not experts in anger management or trauma or whatever it might be, to actually find some specific for the sexualised issues, I think is much harder (Table 9: transcript page 14:8-12)

The narrative implied Peter's approach to the management of child-on-child HSB to be correlated with difficulties in finding specialists to come to school. He appeared aware of specialists in other areas of behaviour management but did not consider this to be the same for sexualised behaviours.

This belief may have been compounded by his earlier experiences of support through a national children's charity but which he believed was no longer available:

RES: they came in and did some session work with, er, one of the boys. And again, that was... It was quite confidential, the work they were doing so I wasn't really party to it...Um.

INT: So did they share any of that for learning, for the other members of staff, around the child?

RES: No, to be honest, they didn't. I thought we would have had more, I suppose, information. Whether people think that working in schools like this you are used to dealing with everything anyway so therefore, we've got the expertise already. But it's, um, no, we didn't have as much information, more along the lines of this is what has happened. Um. Be aware. (Table 9: Transcript pages 5:20-21 to 6:1-11)

The experience of external interventions for HSB include the lack of information sharing with the schools and the extent of this being referred to as confidential. Peter attributes the lack of information to a misconception that teaching staff at special schools would already be proficient in responding to and managing HSB. However, whether staff were proficient or not, the lack of sharing of information about sexualised behaviours meant the school was denied information that might assist staff to deal with HSB.

In summary, the three subordinate themes revealed the lived experience of child-on-child HSB to be sexualised language. HSB was responded to as one of a range of behaviours at school, implying it was not highlighted and potentially ignored. This became apparent when discussing high profile media accounts of child sexual abuse, a topic that was considered a taboo and which would be damaging to the school. The lack of therapeutic support for HSB at school was highlighted, as was the lack of information sharing with the school.

Table 11: Peter: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
4:14-23	<i>The sexualised language, I think, um..... There's often two formats, I suppose for it. There's the child who's in crisis who is just repeating words that 'he's heard. And quite often they d'on't necessarily mean anything to that child and they, when you speak to them afterwards, they may not even remember using the terminology like that or they certainly d'on't know what it is or the significance of the words that th'ey've been using. So I think th'at's one part of it. Another part of it for me is when you do have, it's possibly less sexually explicit language but the meaning is there, although it's an underlying current, I suppose.</i>	Umbrellas of behaviour
6:15-20 to 7:1	<i>For me, it all comes under the umbrella of behaviour. So we are constantly trying to reward our children here for positive behaviour, the whole system is built on that positive behaviour, positive, catching them whilst they are being good. And so because the emphasis is so much on that, you may have, if you put all the behaviour together, yes, there are obviously different levels of extreme or challenging behaviour.</i>	
11:14-20	<i>If I was to ask you what's the higher level, a racial assault or a sexual assault, they are both up there. So do I think of one as more important than the other? No I don't. Because they are both incredibly serious. So when you talk and when I think about behaviours, I suppose I categorise on level the behaviours from low level disruption right the way through to high level assaults.</i>	
9:15-22	<i>quite a taboo topic. People don't necessarily want to discuss it that much. People certainly don't want to admit that there are issues. I think because... This is just me personally, but certainly recently, because of all the Press and all the reports around the high profile cases, Jimmy Saville and all the rest of it. And the fact that there have been incidents in schools before. If you, if something does come up at school, it is likely to ruin that school.</i>	HSB ruins schools
14:8-12	<i>you're able to find a lot of people who know a little bit about a lot. But then where you might have experts or some, you know, not experts in anger management or trauma or whatever it might be, to actually find some specific for the sexualised issues, I think is much harder</i>	Lack of support
5:20-21 to 6:1-11	<i>RES: they came in and did some session work with, er, one of the boys. And again, that was... It was quite confidential, the work they were doing so I wasn't really party to it...Um. INT: So did they share any of that for learning, for the other members of staff, around the child? RES: No, to be honest, they didn't. I thought we would have had more, I suppose, information. Whether people think that working in schools like this you are used to dealing with everything anyway so therefore, we've got the expertise already. But 'it's, um, no, we didn't' have as much information, more along the lines of this is what has happened. Um. Be aware.</i>	

Hugh

Hugh was the Deputy head teacher at special school B and had been in post for two and a half years, previously he had been in mainstream schools for 14 years. He was responsible for quality assurance, data gathering and for deputising in the principal's absence. Hugh had not read the participant information sheet prior to the interview and was given time to do this before re-consenting to the interview. On analysis, Hugh's narrative revealed three interrelated subordinate themes which were categorised as; just teenagers; HSB is taboo and; you shouldn't be acting alone with HSB. These are used to structure the analysis and presented in Table 12 with supporting quotations.

Just teenagers

Hugh's experience of child-on-child HSB was predominantly that of sexualised language and occasional inappropriate touching of the girls by boys:

Some of the experiences within the schools has been more of maybe verbalising between pupils. There have been a couple of times I've had to deal with inappropriate, maybe touching of boys with girls. And going along the lines of, um, about working with mainly the boys about why it is inappropriate and actually even if a girl laughs, giggles, it's still inappropriate, she might be doing that because she feels she's uncomfortable, all that type of stuff. (Table 8: Transcript page 2:11-16)

When addressing the sexualised behaviours between males and females, Hugh adopted a gender-based approach which was also reflected in the way he spoke to the girls about how their behaviours might be perceived by the boys:

With the girls it's just, obviously a lot more vulnerable within this setting. We only have a small number of girls....For them it's just about appropriateness of how they can then interact and not necessarily... Just educating them about what they might be, how they might wear something, how they might portray themselves to the boys which can then be misinterpreted quite heavily by some of the boys between them, really. So that's kind of like the main cases really. (Table 8: Transcript pages 3:19-22 to 4:1-4)

When addressing the sexualised behaviours exhibited by the boys, Hugh had responded by speaking to the girls, thus indicating a skewed approach towards gender and beliefs about female modesty. This strict male/female approach to sexualised behaviour in the narrative implied that when physical behaviours occurred between the boys, Hugh was unsure as to whether these could be classed as sexualised:

Whether this links into the sexualised stuff, if there's been incidents between pupils, maybe boys hitting each other in private parts, they're aiming for the sexualised areas, I suppose, swinging or something like that....A couple of people who are specifically always gone for, um, private areas, sexualised areas when they're attacking or hitting. As opposed to anything else. So' I've addressed that kind of thing, really. (Table 8: Transcript page 3:12-19)

The behaviours had been dealt with as though they were sexualised, despite the implied lack of recognition. Although a limited experience of child-on-child HSB was also implied, this was not the case because the experience of both sexualised language and sexualised behaviours was evident in the narrative. Moreover, the hesitancy associated with the physical behaviours between the boys indicated a lack of confidence as to whether these should be considered sexualised.

Hugh suggested that the child's environment was a cause of inappropriate sexualised behaviour:

sometimes the home environment, whether it's here or even in mainstream schools I've worked in, those pupils, they're not living within boundaries or structure. So they might be at home, Dad's watching loads of porn. Well, if they're growing up walking in the living room and porn is on the telly, that's going to affect them... You can't say that it's not. But they see that as normal. (Table 8: Transcript page 6:6-12)

Hugh recognised the possibility that HSB might occur in both mainstream and special schools because these were based upon the child's environmental experiences. The narrative implied that, unlike Hugh, families could not recognise the influence of harmful home environments meaning these were associated with a normality that was brought into the school. This perception meant children exhibiting HSB were different to others and therefore stereotyped according to their

backgrounds. However, the sexualised behaviours were regarded as a normal part of the school day:

You're always looking at them as a child and it's totally different to the way you'd look at it in terms of an adult. And, um, because I don't know, you can quite easily build up a picture of a person because, well, they've done that so they must be a horrible person. Actually, they're not. A lot of these guys here, they just don't know or are unaware about how appropriate behaviour should be. They've never been taught that or they'd never been modelled that. So our job is to teach them to model that for them. Um. Whilst also clarifying what those boundaries are. And if you're consistent by saying, by being objective and not looking personally at all the in's and out's of that pupil, that just helps them to deal with it in a caring and structured way, they're very clear, that's not appropriate because da da da. So on and so forth. Whilst you're aware of the needs of that pupil, the background. You can say actually, that's probably why they're doing it. Because of this. Um. But what you don't do is use that as an excuse. What you're going to do is stop that cycle of them getting into what they might be living in, that kind of thing really. So yeah, again, I just see things quite clear almost, some people might say it's quite black and white. (Table 8: Transcript page 5:4-19)

A pragmatic approach to HSB at school is demonstrated in the narrative. Whilst aware of the stereotype of a child exhibiting HSB, through acceptance of the child's background environment, Hugh focused only on the child and creating boundaries within which the child was managed in school. He referred to his approach as a clarity of thought:

I just get on with it, deal with it. Make sure you monitor it and just move on really. I think because sometimes it's so busy, the next thing to pick up and just carry on. (Table 8: Transcript page 4:12-14)

Hugh indicated he was too busy to be dealing with children who exhibited HSB, meaning he took a swift approach to managing it. Despite this pragmatic approach, a degree of uncertainty remained evident in the narrative because of the unpleasant nature of the topic.

HSB is a taboo topic

Despite articulating his understanding of the influences of a child's background, the narrative suggests this was not the case. Hugh had recently attended child protection training and had been surprised to learn that sexual abuse could occur between siblings:

I wasn't surprised that the most sexual abuse is within the family, that doesn't surprise me at all. But I would have thought it would have been like a Dad or an Uncle being the biggest perpetrator. But it wasn't, it was brother to brother or brother to sister. Um. The reason they gave around that was, um, as they're growing up they're experimenting, finding out about each other's bodies, all that kind of stuff and everything. And again, it's about that, there is a lack of awareness that they didn't realise what they were doing was wrong. They were just investigating and trying, not necessarily having sex, but sexualised behaviour between them, stuff like that. Or, um, sort of over loving affection between brothers and sisters. And therefore them not knowing the boundaries but not knowing if it's wrong or what to do with it. I can't go to Dad for one, or if it is, what they also found it was then quite quickly pushed up within the family. And nobody wants to let, my one son is abusing my other son. Who wants to share that? So that was a bit of a surprise, but not surprised that it was within the family. (Table 8: Transcript page 13:9-20 to 10:1-3)

This interpretation of sexualised behaviour between siblings was previously unknown to Hugh. The narrative suggests that the child protection training had interpreted sexualised behaviour between siblings as experimental and therefore to some extent, normal exploratory child behaviour. However, rather than show understanding as to how this might manifest in school, Hugh demonstrated a sympathetic attitude towards families who did not wish to share information about sexual abuse between boys. This suggested that he found this aspect much harder to deal with than the heterosexual gender-based roles of sexualised behaviour.

This discomfort was also evident in the narrative when discussing how parents would be involved when a child exhibited HSB:

I think that sharing information with parents around sexualised, they're either quite open for it which is very few or a lot of them actually don't want to talk about it. Or they don't want to talk about things that potentially then might make them uncomfortable within their own family. But quite often, if I get a group of parents, they're probably not going to want to talk about too much sexualised things. Whether it's embarrassment, it's a British thing, or whatever it is, you know? It's difficult with that type of thing. (Table 8: Transcript page 14:17-2- to 15:1-4)

The narrative revealed a discomfort and embarrassment surrounding discussions about child sexuality that existed in families and which supported the topic as being taboo, based upon society perceptions and wider cultural heritage. Hugh expressed concerns about dealing with HSB as an individual using his own experiences to assume the attitude and beliefs of parents and families. This was supported by the use of the word '*probably*', indicating the assumption being made. He identified the importance of a team approach.

You shouldn't be acting alone with HSB

A group understanding and response to HSB was advocated in the narrative:

So if there is a particular incident sexualised between the two pupils, we need to investigate obviously where that come from, how that happened, why that might have happened and then what we need to do. So it's not necessarily one person standing alone. Making that decision. Having a collective body to say, well, this is very serious so what do we think about this? And actually, together you generally will make the right decisions in terms of what's going... So sharing the thoughts, sharing the ideas. It's really important, that's probably the best thing that we can do. That kind of thing, you shouldn't be acting alone with it, really. For your own safety as well. You don't want to be making a mistake, thinking that you're doing the right thing. So the collective, work together. (Table 8: Transcript page 7:7-18)

The narrative implies that safety and support for staff equalled that provided for the children. The internal staff group, referred to as the collective, ensured both an

understanding of HSB and ensured the safety of staff. However, this part of the narrative is somewhat contradictory to the earlier section where a lack of time for HSB was explicitly stated, giving the impression that Hugh was taking a pragmatic and swift approach to sexualised behaviour. In this section however, Hugh now appears to be expressing a need for the support of the group indicating that the child's behaviours were more serious, meaning he should not be acting alone. Thus, there is a hidden implication that some behaviours were more serious than others.

In summary, the three subordinate themes revealed the lived experience of child-on-child HSB to be associated with sexualised language that was attributed to a stereotype of male bravado and the home environment of the child. A gender-based approach to managing the behaviours placed blame on females for the clothes they wore and how this might be perceived, rather than addressing the behaviour of the boys. Child protection training had revealed sexual abuse within families to involve siblings which Hugh noted as surprising, indicating he was unaware of child-on-child HSB. Group safety and support was considered important when responding to HSB because of the risk of making mistakes which could then affect staff members.

Table 12: Hugh: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
2:11-16	<i>Some of the experiences within the schools has been more of maybe verbalising between pupils. There have been a couple of times I've had to deal with inappropriate, maybe touching of boys with girls. And going along the lines of, um, about working with mainly the boys about why it is inappropriate and actually even if a girl laughs, giggles, it's still inappropriate, she might be doing that because she feels she's uncomfortable, all that type of stuff.</i>	Just teenagers
3:19-22 to 4:1-4	<i>With the girls it's just, obviously a lot more vulnerable within this setting. We only have a small number of girls....For them it's just about appropriateness of how they can then interact and not necessarily... Just educating them about what they might be, how they might wear something, how they might portray themselves to the boys which can then be misinterpreted quite heavily by some of the boys between them, really. So that's kind of like the main cases really.</i>	
3:12-19	<i>Whether this links into the sexualised stuff, if there's been incidents between pupils, maybe boys hitting each other in private parts, they're aiming for the sexualised areas, I suppose, swinging or something like that....A couple of people who are specifically always gone for, um, private areas, sexualised areas when they're attacking or hitting. As opposed to anything else. So I've addressed that kind of thing, really.</i>	
6:6-12	<i>sometimes the home environment, whether it's here or even in mainstream schools I've worked in, those pupils, they're not living within boundaries or structure. So they might be at home, Dad's watching loads of porn. Well, if they're growing up walking in the living room and porn is on the telly, that's going to affect them...You can't say that it's not. But they see that as normal.</i>	
5:4-19	<i>You're always looking at them as a child and it's totally different to the way you'd look at it in terms of an adult. And, um, because I don't know, you can quite easily build up a picture of a person because, well, they've done that so they must be a horrible person. Actually, they're not. A lot of these guys here, they just don't know or are unaware about how appropriate behaviour should be. They've never been taught that or they'd never been modelled that. So our job is to teach them to model that for them. Um. Whilst also clarifying what those boundaries are. And if you're consistent by saying, by being objective and not looking personally at all the in's and out's of that pupil, that just helps them to deal with it in a caring and structured way, they're very clear, that's not appropriate because da da da. So on and so forth. Whilst you're aware of the needs of that pupil, the background. You can say actually, that's probably why they're doing it. Because of this. Um. But what you don't do is use that as an excuse. What you're going to do is stop that cycle of them getting into what they might be living in, that kind of thing really. So yeah, again, I just see things quite clear almost, some people might say it's quite black and white.</i>	
4:12-14	<i>I just get on with it, deal with it. Make sure you monitor it and just move on really. I think because sometimes it's so busy, the next thing to pick up and just carry on.</i>	

13:9-20 to 10:1-3	<i>I wasn't surprised that the most sexual abuse is within the family, that doesn't surprise me at all. But I would have thought it would have been like a Dad or an Uncle being the biggest perpetrator. But it wasn't, it was brother to brother or brother to sister. Um. The reason they gave around that was, um, as they're growing up they're experimenting, finding out about each other's bodies, all that kind of stuff and everything. And again, it's about that, there is a lack of awareness that they didn't realise what they were doing was wrong. They were just investigating and trying, not necessarily having sex, but sexualised behaviour between them, stuff like that. Or, um, sort of over loving affection between brothers and sisters. And therefore them not knowing the boundaries but not knowing if it's wrong or what to do with it. I can't go to Dad for one, or if it is, what they also found it was then quite quickly pushed up within the family. And nobody wants to let, my one son is abusing my other son. Who wants to share that? So that was a bit of a surprise, but not surprised that it was within the family.</i>	HSB is a taboo topic
14:17-2- to 15:1-4	<i>I think that sharing information with parents around sexualised, they're either quite open for it which is very few or a lot of them actually don't want to talk about it. Or they don't want to talk about things that potentially then might make them uncomfortable within their own family. But quite often, if I get a group of parents, they're probably not going to want to talk about too much sexualised things. Whether it's embarrassment, it's a British thing, or whatever it is, you know? It's difficult with that type of thing.</i>	
7:7-18	<i>So if there is a particular incident sexualised between the two pupils, we need to investigate obviously where that come from, how that happened, why that might have happened and then what we need to do. So it's not necessarily one person standing alone. Making that decision. Having a collective body to say, well, this is very serious so what do we think about this? And actually, together you generally will make the right decisions in terms of what's going... So sharing the thoughts, sharing the ideas. It's really important, that's probably the best thing that we can do. That kind of thing, you shouldn't be acting alone with it, really. For your own safety as well. You don't want to be making a mistake, thinking that you're doing the right thing. So the collective, work together.</i>	You shouldn't be acting alone with HSB

Celia

Celia had been employed as the Safeguarding Officer and Extended Services Coordinator at Special School B for eighteen months. Her role required liaising with the local authority, managing child protection concerns and new admissions. Celia came across as forthcoming and described working with children exhibiting HSB as a massive learning curve. On analysis, Celia's narrative revealed four interrelated subordinate themes which were categorised as: Just boys; Lack of support; Female vulnerability and Staff blamed for HSB at school. These are used to structure the analysis and presented in Table 13 with supporting quotations.

Just boys

Celia believed there were reasons for a child's sexualised behaviour which meant:

you've got to have a level of understanding that you know they weren't born like that they, you know they're in that environment which has damaged them in some way for them to then, to be like that.(Table 11: Transcript pages 30:17-18 to 31:1-3)

This understanding categorised the children according to their past experiences that were considered to have changed the child in some way. However, this was in association with the attitude that:

You don't have a boarding provision full of boys and testosterone without anything happening, erm, but I think they knew that we were on, you know we would monitor them all the time ... (Table 11: Transcript page 40:12-15)

Sexualised behaviour at school was expected because it was considered to be a normal behaviour of boys and thus, a 'boys will be boys' attitude existed.

The boarding aspect of the school caused additional difficulties for staff:

we put alarms on the door so every time the door opened, erm, it made an alarm to their mobile phone so they're able to see exactly what door had happened. And I'm not saying it didn't happen, but just that, you know there wasn't an incident actually where, erm, remembering it now, one boy, erm, said another boy had dry humped him ... and they'd kissed, so I got social services involved and they came in and they interviewed both boys and decided it was, er, it was a one off so the Police came in, erm, and then we separated. The building that we had before is not designed, it was very few rooms of single accommodation. When I first started there was about four or five, well when I first, first started there was a big room and then they put partitions half way up and so there was like nine of them in one big, I mean they thought it was just a game to hop over the partitions and ... do all of that erm, and then there was, it was partitioned off properly (Table 11: Transcript pages 16:16-17 to 17:1-17 to 18:1-6)

The narrative revealed child-on-child HSB to be an expected part of the school day, not just during school time but especially at night, causing difficulties for staff when monitoring children who were segregated because of their sexualised behaviours. Attempts made to segregate the children were known to both staff and the children, resulting in the children treating the night time environment as a game that was based on sexual behaviours.

Lack of support

Celia described how the local authority did not support the school through the lack of information sharing about the sexualised behaviours of children and how this impacted both upon the child and the school environment:

there was a boy on child protection and he arrived at the school, he was Year 7 and it was obvious then he would catch little birds and he'd kick, he strangled you know anything he could, a fascination for dead animals and everything and, erm, he was on child protection, lived with his father, his father got his mother pregnant when she was fifteen and he was, erm, about thirty years older than her and, erm, he, the concerns I had at the time was he'd gone out with a three year old boy, bearing in mind he was ten and he, the boy had come back with his pants on the wrong way round and it was just, nobody seemed to be doing anything it was really frustrating and he was placed in our setting as residential, but still nothing, he was seeing a sexual, erm, Counsellor, but it just felt there was no urgency to anything yet, er, you know he's contained, he's at your school even though he's going home with dad and he was still going to his mum's on a Sunday for Sunday lunch, but, and her brother was section, schedule one offender, but he, she was a poor learner, she was slow herself, but she'd signed a letter saying that I won't let him be on his own with my brother... so obviously everybody thought that was fine... it weren't going to happen, erm, and then I left the school and I found out that he'd gone on to rape a child and he's now in an alternative provision.....If something had been done earlier ... (Table 11: Transcript pages 14:7-17 to 15:1-18 to 16:1)

This example supported Celia's belief in the negative effects of a chaotic and unsupportive family environment, compounded by the lack of external support. Although the local authority had placed the child with the school, the narrative was explicit in that he was 'contained' rather than supported. Also, there was no support when the school reported the sexualised behaviours. This suggested the local authority had ignored the continued sexualised behaviours, therefore supporting Celia's belief that '*there was no urgency to anything*'. Moreover, an over-reliance upon parental assurances that the child would be safe at weekends, meant the school felt powerless to intervene even though the child was a residential pupil. The consequences of the lack of support caused Celia to reflect on the need for earlier interventions.

A further example showed the consequences of a lack of information sharing:

the other one I remember is we had a boy and we didn't use to get the, I think a while back the paperwork that came through before they arrived wasn't very good and we had a boy that had come from London, but was fostered within the (deleted) area and he didn't want to go to bed at night and he, the night walker, he would go to bed, but then the night walker would sort of find him underneath the bed and then we found out that his sister was being systematically raped and he would be under the bed because he wanted to protect her in a way, so he heard all of this so he found it very difficult to sleep on the bed and we didn't get that paperwork through. We put him in with two other children in the room. So but I think the process now of getting information is better. (Table 11: Transcript page 19:7-18)

The lack of information sharing with the school about prior experiences of sexual abuse resulted in the child continuing to suffer. This implied a lack of planning for the child and an ignoring of the consequences that the lack of information might have on both the child and the school. Using the word 'we' to describe the school's experience and response, explicitly revealed a whole school attempt to protect the child and keep him safe, even though the information had been missing.

Celia described how parents especially, only revealed a partial history to the school:

the parents will only tell you what they want you to hear....So it's like, oh, you know I've got a simple, I normally do home visits, they've got a simple thing, can you give a plotted [ph] history from birth and say well, but they generally do give the, you know they've been excluded from this school ... we've moved house, we've done all of that, but the things that possibly are quite sensitive to them are quite painful to discuss ... they obviously aren't going to do that, but ... if you've got social care involvement and they agree, the parents agree that they can information share then you have a little bit more ... background information. (Table 11: Transcript page 72:2-17)

Thus, the additional support from the local authority and other external agencies increased the amount of information about a child's background and history, including sexualised, contributing to keeping that child safe. However, the narrative explicitly states that even with this support, parents are entitled to restrict the

information that is shared with the school. Sharing of information was seen as essential because of school events that were considered risky. For example:

when they got changed for swimming, you know there's members of staff outside and so, and if you knew that they were sexualised then their risk assessment would be that category ... where they were that high, so they wouldn't be put in an environment (Table 11: Transcript page 41:7-11)

The narrative confirmed that a risk assessment would be raised in response to information about a child's history sexualised behaviour. However, this implied that any 'sexualised' behaviour, harmful or not, would result in the risk assessment. This meant the child was denied access to some activities, rather than being supported in the special school environment, to safely engage with other children. Thus, the school avoided difficult situations with other vulnerable children. Vulnerability was also considered in terms of the effects of HSB upon female staff.

Female vulnerability

Celia described how the sexualised behaviours of children affected female staff:

He used to, when they walked into the room he would continue masturbating and look in their eye, erm, and we say we, you know we're not equipped to deal with that. You know we're a school, we're a residential school, we're not a hospital in mental health we can't assess and we got someone to come in to, erm, do an interview with him and it took a long time for him to go erm. (Table 11: Transcript page 64:13-18 to 65:1-5)

Earlier the narrative had implied sexualised behaviours between children to be an expected part of the school day and night, based upon a 'boys will be boys' attitude and culture. However, when sexualised behaviours were directed towards female staff, this explanation was not considered. Instead, female staff felt vulnerable and ill-equipped to deal with the threat of the overt sexualised behaviour. This meant HSB was considered to be a mental health problem. Moreover, the narrative suggested a threshold for the type of sexualised behaviours that would be accepted at school and which would not, delineated by who was the intended target. This put sexualised behaviour exhibited towards adults in the category of a mental health

issue and therefore outside the remit of the school. Staff were perhaps cautious when confronted with sexualised behaviour because of the risk of being blamed for not responding to it.

Staff blamed for HSB

This was illustrated in an example of an incident of HSB which occurred during a school trip:

I remember that a member of staff, a PE teacher took some children in the minibus to London and I know one of the girls gave one of the boys a blowjob on the way back, so that was investigated. Erm, you know and the staff were questioned. There was two members of staff, they knew that there was boys and girls together so why did they sit, you know the staff sit in the middle and let the children sit at the back. So that was up to, that was staff though not following through so then you just alert social services they have a look at the background of the children is there a regular occurrence so you know it's just logged all on their paperwork and then that risk assessment then would be really high and the staff are then quite, you know spoken to, it's on their file and if it happens again then it'll go through disciplinary. (Table 11: Transcript pages 41:15-17 to 42:1-16 to 43:1-4)

This direct quote from the narrative explicitly revealed that the supervising staff members were blamed for the occurrence of the sexualised incident, despite an inference that they knew nothing about it. The incident, which was reported as a child protection referral by the school enabled the school to place itself between the local authority and its staff, thereby avoiding scrutiny of the whole school. This meant an irony existed in that the school did not appear to support its staff in the same way Celia had complained of a lack of support from the local authority. The narrative implied a future threat to the staff which included the loss of employment, thus offering a potential explanation as to why staff did not tolerate HSB being targeted directly towards them.

In summary, the four subordinate themes revealed the lived experience of child-on-child HSB as an accepted element of a residential school and a 'boys will be boys' attitude combined with a stereotype of the child. Multiple examples of HSB were described implying a whole group awareness. Although sexualised behaviours between children appeared to be tolerated, this was not the case when directed towards staff, resulting in feelings of vulnerability and references to the child as suffering a mental health problem. Both Local authority and parental support was described as poor, meaning important historical information about sexualised behaviours was not shared with the school. Moreover, this led to a belief that children exhibiting HSB were contained, rather than supported at special school. Although this placed other children and staff at risk, the sharing of this information meant removal of the child from the activity rather than supporting them to engage safely. When child-on-child HSB occurred, this resulted in staff being blamed for the behaviours with incidents being placed on the teacher's file rather than seeking to address the child's behaviour. An implied threat existed in that further episodes of HSB would result in disciplinary action being taken. This distanced the school from the incident and placed responsibility with the staff involved.

Table 13: Celia: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
30:17-18 to 31:1-3	<i>you've got to have a level of understanding that you know they weren't born like that they, you know they're in that environment which has damaged them in some way for them to then, to be like that.</i>	Just boys
40:12-15	<i>You don't have a boarding provision full of boys and testosterone without anything happening, erm, but I think they knew that we were on, you know we would monitor them all the time ...</i>	
16:16-17 to 17:1-17 to 18:1-6	<i>we put alarms on the door so every time the door opened, erm, it made an alarm to their mobile phone so they're able to see exactly what door had happened. And I'm not saying it didn't happen, but just that, you know there wasn't an incident actually where, erm, remembering it now, one boy, erm, said another boy had dry humped him ... and they'd kissed, so I got social services involved and they came in and they interviewed both boys and decided it was, er, it was a one off so the Police came in, erm, and then we separated. The building that we had before is not designed, it was very few rooms of single accommodation. When I first started there was about four or five, well when I first, first started there was a big room and then they put partitions half way up and so there was like nine of them in one big, I mean they thought it was just a game to hop over the partitions and ... do all of that erm, and then there was, it was partitioned off properly</i>	
14:7-17 to 15:1-18 to 16:1	<i>there was a boy on child protection and he arrived at the school, he was Year 7 and it was obvious then he would catch little birds and he'd kick, he strangled you know anything he could, a fascination for dead animals and everything and, erm, he was on child protection, lived with his father, his father got his mother pregnant when she was fifteen and he was, erm, about thirty years older than her and, erm, he, the concerns I had at the time was he'd gone out with a three year old boy, bearing in mind he was ten and he, the boy had come back with his pants on the wrong way round and it was just, nobody seemed to be doing anything it was really frustrating and he was placed in our setting as residential, but still nothing, he was seeing a sexual, erm, Counsellor, but it just felt there was no urgency to anything yet, er, you know he's contained, he's at your school even though he's going home with dad and he was still going to his mum's on a Sunday for Sunday lunch, but, and her brother was section, schedule one offender, but he, she was a poor learner, she was slow herself, but she'd signed a letter saying that I won't let him be on his own with my brother... so obviously everybody thought that was fine... it weren't going to happen, erm, and then I left the school and I found out that he'd gone on to rape a child and he's now in an alternative provision.....If something had been done earlier ...</i>	Lack of support
19:7-18	<i>the other one I remember is we had a boy and we didn't use to get the, I think a while back the paperwork that came through before they arrived wasn't very good and we had a boy that had come from London, but was fostered within the (deleted) area and he didn't want to go to bed at night and he, the night walker, he would go to bed, but then the night walker would</i>	

	<i>sort of find him underneath the bed and then we found out that his sister was being systematically raped and he would be under the bed because he wanted to protect her in a way, so he heard all of this so he found it very difficult to sleep on the bed and we didn't get that paperwork through. We put him in with two other children in the room. So but I think the process now of getting information is better.</i>	
72:2-17	<i>the parents will only tell you what they want you to hear.....So it's like, oh, you know I've got a simple, I normally do home visits, they've got a simple thing, can you give a plotted [ph] history from birth and say well, but they generally do give the, you know they've been excluded from this school ... we've moved house, we've done all of that, but the things that possibly are quite sensitive to them are quite painful to discuss ... they obviously aren't going to do that, but ... if you've got social care involvement and they agree, the parents agree that they can information share then you have a little bit more ... background information.</i>	
41:7-11	<i>when they got changed for swimming, you know there's members of staff outside and so, and if you knew that they were sexualised then their risk assessment would be that category ... where they were that high, so they wouldn't be put in an environment</i>	
64:13-18 to 65:1-5	<i>He used to, when they walked into the room he would continue masturbating and look in their eye, erm, and we say we, you know we're not equipped to deal with that. You know we're a school, we're a residential school, we're not a hospital in mental health we can't assess and we got someone to come in to, erm, do an interview with him and it took a long time for him to go erm.</i>	Female vulnerability
41:15-17 to 42:1-16 to 43:1-4	<i>I remember that a member of staff, a PE teacher took some children in the minibus to London and I know one of the girls gave one of the boys a blowjob on the way back, so that was investigated. Erm, you know and the staff were questioned. There was two members of staff, they knew that there was boys and girls together so why did they sit, you know the staff sit in the middle and let the children sit at the back. So that was up to, that was staff though not following through so then you just alert social services they have a look at the background of the children is there a regular occurrence so you know it's just logged all on their paperwork and then that risk assessment then would be really high and the staff are then quite, you know spoken to, it's on their file and if it happens again then it'll go through disciplinary.</i>	Staff blamed for HSB

School C: Church of England primary school

Rosaline

Rosaline was the headteacher at a mainstream primary school with a SEN unit (Statement of Educational Need). She had been introduced to me by the Local Authority Designated Officer (LADO) acting as the gatekeeper for this study. Rosaline described the school as a very happy place that had recently been awarded an outstanding Ofsted rating which had noted how well behaved the pupils were. However, an incident of child-on-child HSB had recently occurred in the playground between two boys and a girl all aged six years, the latter being subjected to a sexual assault by one boy whilst the other screened the incident from view. Rosaline had no previous experience or knowledge of child-on-child HSB and had not received any training in the subject. The interview took place by invitation at Rosaline's home. She was relaxed and keen to tell me about her lived experiences of the incident and expressed a hope that the outcomes of this study would bring about change. She described the experience of the interview as cathartic. On analysis, Rosaline's narrative revealed five interrelated subordinate themes which were categorised as: Lost innocence; Making assumptions; There is a kind of demonising; Nobody was helping me and Don't talk about HSB. These are used to structure the analysis and presented in Table 14 with supporting quotations.

Lost innocence

Although aware of high-profile cases of child sexual abuse by other children, Rosaline had considered these to be 'very, very rare', meaning:

none of us thought that anything like that was going to happen in any school, let alone in ours, you know (Table 12: Transcript page 8:16-17)

Occurring in the past tense, Rosaline's narrative referred to the incident which also developed into a high-profile media story.

Consequently, much of Rosaline's dialogue was that of her reflection of a new experience that was still very raw to her and which she tried to understand:

You know, there was nothing in the school procedures that has created this problem. There wasn't neglect, there wasn't lack of supervision, there was nothing in the school's procedure that happened to create this problem or to enable this problem to happen, and I do believe that to be true. Although you do feel still that, um, you, you, you feel guilty that you weren't enough to stop it, you know. You do feel that. I don't feel that now but, but I did feel that.
(Table 12: Transcript page 66:1-6)

Reflecting upon the incident had allowed Rosaline to begin to understand that as the headteacher, the incident was not her fault. Although this is explicitly stated in the narrative, an element of doubt remains as implied by the obvious repetition of Rosaline's affirmation. Moreover, the incident had led to new knowledge about children's behaviour which was incongruous with the previously happy atmosphere of the school and Rosaline's perception of how very young children behaved meaning;

the staff were almost in mourning, if you like, for a kind of lost innocence
(Table 12: Transcript page 60:13-14)

The narrative suggests a line being drawn between Rosaline's previous experiences as headteacher in a happy school and her latter experience as headteacher in a school which now recognised the existence of child-on-child HSB. Thus, both Rosaline and her school had been fundamentally changed by their experiences and would never be the same again.

One element of the new understanding was the belief that the children involved in perpetrating the HSB were likely to have been subjected to abuse themselves:

Whereas we suspected that for the boys ... and again, we don't know everything about it, and I think schools need to know more about it, but we all felt that for the boys to be carrying out this kind of aggressive touch, aggressive assault, knowing that they were going to do it, knowing that it was distressing her and yet still carrying on, we felt that they would only be doing that if they had been victims of, of abuse themselves. Now we may be wrong there, that might be a hypothesis that isn't true, but we all felt that ... it was so likely that they must be being abused themselves in order to know to do those things in order to use it as a punishment, that was a great concern, because they're six years old, so they're not sexually active, yet they ... and particularly the boy who did this, but the boy who went along with it, they both saw it as an appropriate means of punishing someone. So we kind of assumed if you like that that must mean that somebody must be punishing them at some ... point in their past, don't know if that's true, however, that's what we assumed. (Table 12: Transcript pages 14:6-18 to 15:1-5)

The narrative suggested a distinction being made between the boys and the girl as alleged perpetrators and victim whilst explicitly stating that children of a very young age were not sexually active. Rosaline attempts to pursue a working hypothesis as to why the boys behaved in this way as a means to explain the behaviours, eventually assuming the boys had been subjected to prior abuse. However, the nature of the incident, hampered by Rosaline's beliefs about child sexuality, was so outside of her experience that she was unable to specifically refer to the sexual aspect of it, preferring to call it aggressive and an assault. Rosaline's words are extremely descriptive in that she also refers to distress, suspicion and punishment, all unwelcome elements that she did not associate with child behaviour.

Making assumptions

Child protection training had prepared the school for signs of child sexual abuse perpetrated by adults:

We all knew, um, from training that ten per cent of children were being sexually abused, but so much of our perception of that was because we felt that that sexual abuse was coming from parents or from home or from adults, connected to the home or connected to the community in some way. (Table 12: Transcript page 2:4-8)

The literal interpretation and assumptions made subsequent to the child protection training had meant that when the child-on-child HSB occurred it was so far removed from the expectations of what she had learned about child sexual abuse that:

when this occurrence took place, which wasn't from an adult at all but was a problem between children, this was a real shock to us. (Table 12: Transcript page 2:14-16)

The literal understanding of child sexual abuse was described:

we knew that there was a great, there was a high chance that 18 of our children were being sexually abused, and that they would try very hard to hide it. And we knew all of that. We were on the lookout for odd things. The ... we, we did not expect one of our six-year olds to insert his hand into another girl's vagina. (Table 12: Transcript page 59:3-8)

The gap between the experience of the incident in school and expectations of child sexual abuse delivered by the child protection training contributed to a sense of shock that was evident in the narrative. A sense of disbelief emerges through the narrative as Rosaline offers her description of the incident and her realisation that a six-year-old could behave not just sexually, but with intent and that this intent could cause harm to another child. This sense of shock reoccurs throughout Rosaline's narrative, indicating the depth of personal feeling caused by the incident. Having taken a literal approach to understanding child sexual abuse and believing the school to be acting appropriately, the reality was that she described the school as being '*vigilant along the wrong criteria*'. Without knowledge and information neither Rosaline, nor her staff, had been able to recognise child-on-child HSB. The lived

experience of child-on-child HSB therefore created new knowledge that had not been delivered by child protection training. This implied the training to be an important element of developing staff skills, but which if poorly understood or delivered, risked causing harm to both children and staff.

Rosaline's reflections of the incident had revealed assumptions made by staff about the children's behaviour that was previously unknown, and which showed the effects of being vigilant along the wrong criteria:

we'd experienced sadness's between our children and problems within our children and so on, but nothing like this. And the ... one of, one of the Lunch Supervisors said, "Do you know what, it's funny, I saw this boy and the girl and this other boy playing hide and seek once, and um, I'd said to them, because it looked a bit odd, and I'd gone over and said, 'What game are you playing?' and the one boy's head was just tucked up inside her skirt, her ... and she was wearing a dress, just tucked up inside her dress," and she'd gone over, the Lunch Supervisor, quite rightly, had gone over and said, "What are you doing?" but had done so ... "You're, you're obviously being daft." You're not doing something dreadful. You're being daft. And he had just ... and, and all three of them had agreed, yes, they were playing hide and seek. There was no distress on the girl's face of ... you know, so there was no sign of anything untoward. Now of course, if we'd have known then that she was frightened of this boy, we might've gone further, but there was no way that we ... that wasn't there to see. (Table 12: Transcript pages 60:19 to 61:1-14)

The incident of child-on-child HSB had been so far outside the school's understanding of child sexual abuse that it had been difficult to comprehend. However, new understandings about child play had emerged. Although eventually accepting of the children's explanation, the lunch supervisor had been sufficiently concerned to ask the children what they were doing but accepted the explanation because to consider otherwise was both unthinkable and uncomfortable. Thus, the behaviours were ignored in favour of an assumption of play, rather than sexualised behaviour.

Following the incident between the children, Rosaline experienced aggression extended towards her by the parents of the boy who carried out the assault. She believed each child involved in the incident was a victim in their own right, but that the little girl had been:

catapulted into this, into this moment, into this scenario where she became victim. It didn't happen gradually, she wasn't born into that ... that just happened and it was out of her control. (Table 12: Transcript page 14:1-4)

Whilst of the boys Rosaline explained:

they were victims and had been, you know, they, they had been created into these perpetrators (Table 12: Transcript page 10:10-11)

Even though Rosaline had no prior experience of child-on-child HSB, the narrative suggested she had an understanding that the children were all victims in their own right. Part of that understanding including labelling the children in a way that allowed an understanding of which child was considered to be the perpetrator and which was the victim. However, labelling children in this way risked children being stereotyped and exposing them to a sense of negativity and anger which contributed to them being expelled from both school and community.

There is a kind of demonising

Rosaline told me:

And the town ... it's a small town, it's a small, rural town that our school is in and we are the only primary school in that community, there are other schools in, in, in areas kind of like other little villages around us, but we're very much at the heart of the community, so this was a deeply felt community issue and in our staff, those who were parents in the community, of which there were several, they were very torn. Um, and they were highly professional, of course they were, but their emotions were a real mixture of thinking, of, of, of feeling desperately, desperately sad but also desperately committed to helping all three of those children whilst they were so young. Um, but they also understood the not in my background kind of feeling that they didn't really, um ... They didn't ... their compassion was there but their compassion was not so much that they wanted to invite those children round to their house for tea and leave them with their daughters for half an hour upstairs. (Table 12: transcript pages 10:20 to 11:1-17)

An empathic Rosaline recognised the difficulties for staff who struggled with their professional and personal views about the children because they lived and worked in the same community. Described as '*desperately sad*' and '*desperately committed*' the sense of school staff struggling to manage their conflicting emotions is explicit, revealing a sense of individual internal experience of HSB that was also widely experienced by the whole school. The experience meant that aspects of everyday family life, in which children would be invited into homes to play, became sinister and fraught with danger.

However, whilst staff showed compassion, this was not evident in the wider community because it had '*quickly realised who was missing out of 180 children*'. This had resulted in:

a strength of feeling, there was a tide flowing, um, of ... if I say anger against the boys, it, it wasn't anger against the boys, it was anger against the situation that enabled boys to be carrying out that kind of assault. And of course, that anger ... um, it was mixed with compassion from a lot of our parents ... but they didn't want those boys ... they didn't want them left in the community. They, they wanted them shipped out. (Table 12: Transcript pages 12:13-16 to 13:1-5)

The narrative portrays a whole community negativity that was considered to be unstoppable, as indicated by the use of language referring to tides, flowing and ships. This language represented a picture of a one-way route for the boys which intended to remove them from the community and take them away from other children. The attitude of the community was described as a:

kind of, um ... demonising. But I personally think how can he have normal friendships? He's never going to be invited round to anybody's house for tea. He's never going to go to a party. He's never going to have anything normal. And what about his siblings? They're not either. (Table 12: Transcript page 96:5-16)

This section of the narrative was towards the end of the interview. Rosaline had recognised the demonising of the boys by the community and that this extended to their immediate families. She recognised that the boy's futures would be affected by their actions and returned to the analogy of what she believed to be a child's normal family life to explain what this might mean. However, she had earlier talked about the boys not having a normal family life and having been abused in some way, meaning it was likely they had no previous experience of this pleasant family life anyway. Thus, even after the lived experience of child-on-child HSB, Rosaline remained unable to fully comprehend the boy's behaviour and was therefore unable to absolutely believe in what she had seen and heard with her own eyes.

The difference between the responses of the community and Rosaline and her staff was the ability to differentiate between personal and professional attitudes and responsibilities towards children at school. Therefore, Rosaline approached the local authority for assistance.

Nobody was helping me

Rosaline described how the experience of child-on-child HSB had affected the school:

We were just kind of blown away by it and er ... and we were stumbling in the dark. Er ... and once those limited number of doors were closed to us, we ran out quite quickly ... which was a horrible feeling to be in. (Table 12: Transcript page 79:1-7)

Because she had no prior knowledge of child-on-child HSB, Rosaline was unsure as to what to do and who to approach, leaving her feeling isolated and rejected. This was contrary to her academic experiences:

Well it wasn't normal enough for us to know where to go. Now ... um, academically, we know where to go with that. That's within our ... we have the skills to do that ourselves, we have the confidence because we've got the skills. I didn't know where else we could access to get that kind of specialised help, and I was really relying on key people who weren't delivering. I was relying on the Safeguarding Team at County to give me more information on who to go to. That didn't come. I was relying on Social Care to give me more and that didn't come. Um, I was relying on the fact that (CAMHS) would have accepted her and I was gobsmacked that they didn't. (Table 12: Transcript pages 47:19 to 48:1-8)

Rosaline described a lack of normality associated with the incident. Although not explicitly stated, the narrative indicates that a lack of normality was associated with sexualised behaviour that was far outside the normal academic environment of the school. This was supported by Rosaline's reference to having confidence in academic matters, implying she had no confidence in responding to the sexualised behaviours.

Thus, Rosaline relied on external sources of support which included her local authority:

I'd always felt that County had been my ultimate backstop, um, for support, and we're very lucky, we do have a very good relationship with County. We hadn't needed their support on so many things because, between us all in our team, in our team at school, we've got a good skills set, we've got a good lot of experience, you know, we've got plenty of ... um ... skills between us all that we, we didn't have to go to County terribly often. Um, I was always happy to go, but we didn't need to, but I always felt that whenever, er, if, if we were ever in any serious need, that they'd be there, and it was such a blow to me to discover that that wasn't the case. (Table 12: Transcript pages 81:18-23 to 82:1-3)

The narrative suggests that the lack of an established child protection response to child-on-child HSB at school which had fundamentally altered the previously good relationship between the school and the local authority. The assumption of a good relationship had been based upon a relationship that did not include the experience of child-on-child HSB. Rosaline recognised her staff possessed some skills but likewise recognised they possessed nothing related to HSB. Thus, it was the request for assistance with child-on-child HSB that contributed to the lack of response from the local authority. This meant that:

nobody came to the school for weeks. Um, the Exclusions guy came out but he was helping me with exclusions; nobody was helping me with safeguarding. I wanted somebody to stand in that playground, look at that nine-inch alcove and say to me, "(Deleted name), no matter what you do, there's going to be nine-inch alcoves in your school." "Don't be ridiculous, you're ... you know, don't put gates up everywhere, don't give children a blank rectangle, don't be ridiculous." "Your safeguarding is perfectly fine." I needed somebody to tell me that. Yeah. And I needed somebody who did safeguarding to tell me that. (Table 12: transcript pages 83:13-16 to 84:1-15 to 85:1-4)

Rosaline had expected a safeguarding response to her request for help, indicating this as being an expectation of the child protection training and her understanding of safeguarding. Instead, she had been contacted by the exclusions team which implied that whilst child-on-child HSB was a recognised category of child behaviour, the local authority preferred to respond this way rather than through safeguarding

and child protection. This implied HSB was ignored and hidden within exclusion figures, rather than being raised as a child protection concern requiring intervention and support. To Rosaline, the importance of the safeguarding response should not be underestimated. The lack of it contributed to her feelings of isolation whereas a response would have contributed much in terms of building confidence and support for her as headteacher managing a new experience. This lack of support continued into discussions about protecting other children.

Don't talk about HSB

Rosaline's responsibilities as headteacher were extremely important to her and therefore she wanted to show that the incident of HSB had not been ignored by the school. Although she had been advised that '*a letter wasn't even necessary at all*', Rosaline was able to persuade the local authority to send a letter:

In the end, the letter didn't say sexual assault but the Press Office and the Safeguarding Team agreed that we could leave some websites on the bottom of the letter, which, which we had put in our draft, which were, um, NSPCC websites ... one of which was the PANTS campaign. So any parent reading the letter could see that it was PANTS. Um, and ... so the letter said that something very serious had taken place, actions had been taken, all of the correct procedures were in place, um, and there was an issue between children, so it was very clear that it wasn't from adult to children (Table 12: Transcript page 20:2-14)

The reluctance to refer to a sexual assault by the local authority, safeguarding team and the press office implies a preference not to raise the issue of child-on-child HSB with parents. Although a letter was eventually sent to parents, the inclusion of links to websites about child sexual abuse essentially forced parents to work out for themselves what had happened.

In summary, the four subordinate themes revealed no prior knowledge or experience of child-on-child HSB existed. Moreover, children as young as six years old were considered too young to be sexually active which meant sexualised behaviour was misinterpreted and accepted as childhood play. Although high profile

cases of child-on-child HSB were referred to, these were seen as external to the school. Child protection training had failed to deliver essential knowledge about HSB between children, meaning Rosaline adhered to a strict and narrow set of criteria which failed to help her, and other staff protect the children. In response to the incident, staff struggled to remain compassionate about the alleged perpetrators who were demonised and excluded by their own communities. Feelings of guilt and isolation in response to the incident of child-on-child HSB were contributed to by the lack of support by the local authority, with whom the school had a previously good relationship. However, this was fundamentally changed by the incident of child-on-child HSB. Exclusion rather than safeguarding was the first response following the incident in association with a lack of support across child-based health services and a reluctance by the local authority to share information with other parents in the school.

Table 14: Rosaline: subordinate themes and supporting quotations

Transcript page and line numbers	Supporting transcript quotations	Subordinate themes
8:16-17	<i>none of us thought that anything like that was going to happen in any school, let alone in ours, you know</i>	Lost innocence
66:1-6	<i>You know, there was nothing in the school procedures that has created this problem. There wasn't neglect, there wasn't lack of supervision, there was nothing in the school's procedure that happened to create this problem or to enable this problem to happen, and I do believe that to be true. Although you do feel still that, um, you, you, you feel guilty that you weren't enough to stop it, you know. You do feel that. I don't feel that now but, but I did feel that.</i>	
60:13-14	<i>the staff were almost in mourning, if you like, for a kind of lost innocence</i>	
14:6-18 to 15:1-5	<i>Whereas we suspected that for the boys ... and again, we don't know everything about it, and I think schools need to know more about it, but we all felt that for the boys to be carrying out this kind of aggressive touch, aggressive assault, knowing that they were going to do it, knowing that it was distressing her and yet still carrying on, we felt that they would only be doing that if they had been victims of, of abuse themselves. Now we may be wrong there, that might be a hypothesis that isn't true, but we all felt that ... it was so likely that they must be being abused themselves in order to know to do those things in order to use it as a punishment, that was a great concern, because they're six years old, so they're not sexually active, yet they ... and particularly the boy who did this, but the boy who went along with it, they both saw it as an appropriate means of punishing someone. So we kind of assumed if you like that that must mean that somebody must be punishing them at some ... point in their past, don't know if that's true, however, that's what we assumed. We all knew, um, from training that ten per cent of children were being sexually abused, but so much of our perception of that was because we felt that that sexual abuse was coming from parents or from home or from adults, connected to the home or connected to the community in some way.</i>	Making assumptions
2:4-8	<i>We all knew, um, from training that ten per cent of children were being sexually abused, but so much of our perception of that was because we felt that that sexual abuse was coming from parents or from home or from adults, connected to the home or connected to the community in some way</i>	
2:14-16	<i>when this occurrence took place, which wasn't from an adult at all but was a problem between children, this was a real shock to us.</i>	
59:3-8	<i>we knew that there was a great, there was a high chance that 18 of our children were being sexually abused, and that they would try very hard to hide it. And we knew all of that. We were on the lookout for odd things. The ... we, we did not expect one of our six-year olds to insert his hand into another girl's vagina.</i>	

60:19 to 61:1-14	<i>we'd experienced sadnesses between our children and problems within our children and so on, but nothing like this. And the ... one of, one of the Lunch Supervisors said, "Do you know what, it's funny, I saw this boy and the girl and this other boy playing hide and seek once, and um, I'd said to them, because it looked a bit odd, and I'd gone over and said, 'What game are you playing?' and the one boy's head was just tucked up inside her skirt, her ... and she was wearing a dress, just tucked up inside her dress," and she'd gone over, the Lunch Supervisor, quite rightly, had gone over and said, "What are you doing?" but had done so ... "You're, you're obviously being daft." You're not doing something dreadful. You're being daft. And he had just ... and, and all three of them had agreed, yes, they were playing hide and seek. There was no distress on the girl's face of ... you know, so there was no sign of anything untoward. Now of course, if we'd have known then that she was frightened of this boy, we might've gone further, but there was no way that we ... that wasn't there to see.</i>	
14:1-4	<i>catapulted into this, into this moment, into this scenario where she became victim. It didn't happen gradually, she wasn't born into that ... that just happened and it was out of her control.</i>	
10:10-11	<i>they were victims and had been, you know, they, they had been created into these perpetrators</i>	
10:20 to 11:1-17	<i>And the town ... it's a small town, it's a small, rural town that our school is in and we are the only primary school in that community, there are other schools in, in, in areas kind of like other little villages around us, but we're very much at the heart of the community, so this was a deeply felt community issue and in our staff, those who were parents in the community, of which there were several, they were very torn. Um, and they were highly professional, of course they were, but their emotions were a real mixture of thinking, of, of, of feeling desperately, desperately sad but also desperately committed to helping all three of those children whilst they were so young. Um, but they also understood the not in my background kind of feeling that they didn't really, um ... They didn't ... their compassion was there but their compassion was not so much that they wanted to invite those children round to their house for tea and leave them with their daughters for half an hour upstairs.</i>	There is a kind of demonising
12:13-16 to 13:1-5	<i>a strength of feeling, there was a tide flowing, um, of ... if I say anger against the boys, it, it wasn't anger against the boys, it was anger against the situation that enabled boys to be carrying out that kind of assault. And of course, that anger ... um, it was mixed with compassion from a lot of our parents ... but they didn't want those boys ... they didn't want them left in the community. They, they wanted them shipped out.</i>	
96:5-16	<i>kind of, um ... demonising. But I personally think how can he have normal friendships? He's never going to be invited round to anybody's house for tea. He's never going to go to a party. He's never going to have anything normal. And what about his siblings? They're not either.</i>	
79:1-7	<i>We were just kind of blown away by it and er ... and we were stumbling in the dark. Er ... and once those limited number of doors were closed to us, we ran out quite quickly ... which was a horrible feeling to be in.</i>	Nobody was helping me
47:19 to 48:1-8	<i>Well it wasn't normal enough for us to know where to go. Now ... um, academically, we know where to go with that. That's within our ... we have the skills to do that ourselves, we have the confidence because we've got the skills. I didn't know where else we could access to get that kind of specialised help, and I was really relying on key people who weren't delivering. I was relying on the Safeguarding Team at County to give me more information on who to go to. That didn't</i>	

	<i>come. I was relying on Social Care to give me more and that didn't come. Um, I was relying on the fact that (CAMHS) would have accepted her and I was gobsmacked that they didn't.</i>	
81:18-23 to 82:1-3	<i>I'd always felt that County had been my ultimate backstop, um, for support, and we're very lucky, we do have a very good relationship with County. We hadn't needed their support on so many things because, between us all in our team, in our team at school, we've got a good skills set, we've got a good lot of experience, you know, we've got plenty of ... um ... skills between us all that we, we didn't have to go to County terribly often. Um, I was always happy to go, but we didn't need to, but I always felt that whenever, er, if, if we were ever in any serious need, that they'd be there, and it was such a blow to me to discover that that wasn't the case.</i>	
83:13-16 to 84:1-15 to 85:1-4	<i>nobody came to the school for weeks. Um, the Exclusions guy came out but he was helping me with exclusions; nobody was helping me with safeguarding. I wanted somebody to stand in that playground, look at that nine-inch alcove and say to me, "Deleted name), no matter what you do, there's going to be nine-inch alcoves in your school." "Don't be ridiculous, you're ... you know, don't put gates up everywhere, don't give children a blank rectangle, don't be ridiculous." "Your safeguarding is perfectly fine." I needed somebody to tell me that. Yeah. And I needed somebody who did safeguarding to tell me that.</i>	
20:2-14	<i>In the end, the letter didn't say sexual assault but the Press Office and the Safeguarding Team agreed that we could leave some websites on the bottom of the letter, which, which we had put in our draft, which were, um, NSPCC websites ... one of which was the PANTS campaign. So any parent reading the letter could see that it was PANTS. Um, and ... so the letter said that something very serious had taken place, actions had been taken, all of the correct procedures were in place, um, and there was an issue between children, so it was very clear that it wasn't from adult to children</i>	Don't talk about HSB

8.1 Analysis of the group

The idiographic analysis into the lived experience of HSB at school has been presented in the previous section. Participant narratives were analysed individually, in the order in which they occurred and prior to moving on to the next participant. This meant each was analysed in isolation and with a sense of starting again. Having completed the individual analysis, this section will discuss the cross-case analysis, an essential element of IPA (Smith et al. 2009). The analysis revealed thirty-one subordinate themes that were clustered into four emerging superordinate themes and shown in Table 15. The nine study participants, five males and four females, emerged from three different types of schools, meaning the findings are not confined to one specialism. The contribution of the findings in the mainstream school, rather than being an interesting adjunct, were of critical relevance. This summary will be discussed in more depth in the next section.

The idiographic approach to the analysis revealed divergent lived experiences of child-on-child HSB at school, with the majority of participants having little or no prior experience or knowledge. Children exhibiting HSB were stereotyped according to their backgrounds, the influence of age-related hormones, gender and previous experience of poor family and home environments. No participant expressed their experiences of sexualised behaviours in terms of any awareness of a specific spectrum of increasingly concerning behaviour. This meant that the special schools accepted both sexualised and harmful behaviours of children as a normal part of growing up and therefore an expected part of the school day. In these schools inappropriate harmful sexualised behaviours were not recognised as such and instead interpreted as childhood play, self-harm and teenage bravado. Moreover, the harmful behaviours were responded to in inconsistent ways according to the teacher's prior experience of child HSB, own parenting and Faith. This is discussed in more depth in the next chapter. Children exhibiting sexualised behaviour were considered to be 'other' children and categorised or stereotyped accordingly. This contributed to participant feelings of stigma that was associated with working children stereotyped in this way.

At the mainstream school, similar findings revealed the misinterpretation of sexualised child behaviour to be based upon a lack of knowledge, that was only realised following the experience of an abusive and violent incident of child-on-child HSB (Hackett 2010). Awareness of high-profile cases of child sexual abuse were considered too rare to be of relevance to the school. Moreover, in the special school, sexual activity between children was considered to be ruinous to the reputation of the school. Beliefs about childhood innocence and that children at six years old could not be sexually aware, clouded judgements about harmful sexualised behaviour as they occurred. Child protection training focused on the perpetrator of child sexual abuse as an adult, missing the potential for child-on-child sexual abuse at school, thereby contributing to the misinterpretation of sexualised behaviours as play. Moreover, training which had discussed sexual abuse amongst siblings led to one participant expressing shock at learning that children could behave in this way towards other children.

Inconsistent individual and group responses to child-on-child HSB were based upon own parenting, comparisons of pupils with own children, Faith and humour, meaning they were assessed according to own interpretations and attitudes which contributed to HSB being accepted and ignored at school. Although child-on-child HSB was an accepted part of the school day in the special schools, when the sexualised behaviours were targeted towards staff, these became unacceptable and referred to as a mental health issue and therefore outside the remit of the school. Female staff expressed feeling vulnerable and unsafe, whilst male staff worried about the potential for danger associated with the sexualised behaviour of children, ruined reputations and loss of careers.

All schools experienced a wider lack of local authority and multi-agency support for when child-on-child HSB occurred at school. This was observed to affect the previously good relationship the mainstream school enjoyed with the local authority and which was fundamentally changed by the incident of child-on-child HSB. A hierarchy of authority existed in that the local authority approach focused upon academic achievement, ignoring the sexualised behaviours of children and placing pressure upon school staff to do likewise. Therapeutic interventions for child-on-child HSB were considered by one special school to be too costly and therefore

ignored by local authorities. Moreover, when child-on-child HSB occurred at the special school, the local authority responded by blaming the school, an approach that was also used within the school itself to transfer the blame towards teachers involved with the children when the incident occurred. Without external support, the internal staff networks and groups became important, especially for new members of staff who were accepted into the group and who subsequently accepted the group's views and way of doing things. Membership of the group enabled teachers to be able to feel safe, supporting the dissonance felt between personal beliefs about how children should behave and their own experiences. However, the internal group was observed to sometimes place the welfare of staff before that of the child, particularly within the special schools where child-on-child HSB was considered to be a mental health issue and not the responsibility of teaching staff.

A lack of information sharing occurred internally between staff members at school, between the parents at school and between the wider organisational structure of local authority external specialist providers of interventions for HSB. This meant schools were denied information at all levels that that would enable them to keep children safe. Moreover, this led to a sense of the child exhibiting HSB being contained, rather than supported, in special school. The lack of information sharing was not always viewed negatively however, as shown by one special school which used information about a child's sexualised behaviour to enable them to refuse admission, based upon personal beliefs about perceived threats to other children. It was perhaps unsurprising therefore that without the wider organisational support for teachers when child-on-child HSB occurred, both normally expected and harmful sexualised behaviours were accepted as a normal part of growing up and part of the school day and managed internally due to associated feelings of vulnerability and lack of safety.

The themes emerging from the cross-case analysis have been clustered into three overarching superordinate themes as shown in Table 15.1 and in Figure 1; 'Not seeing HSB', 'Not hearing about HSB' and 'Not speaking about HSB'. The discussion in chapter 9 will discuss the overarching superordinate themes in more detail, linking the findings to literature and guidance.

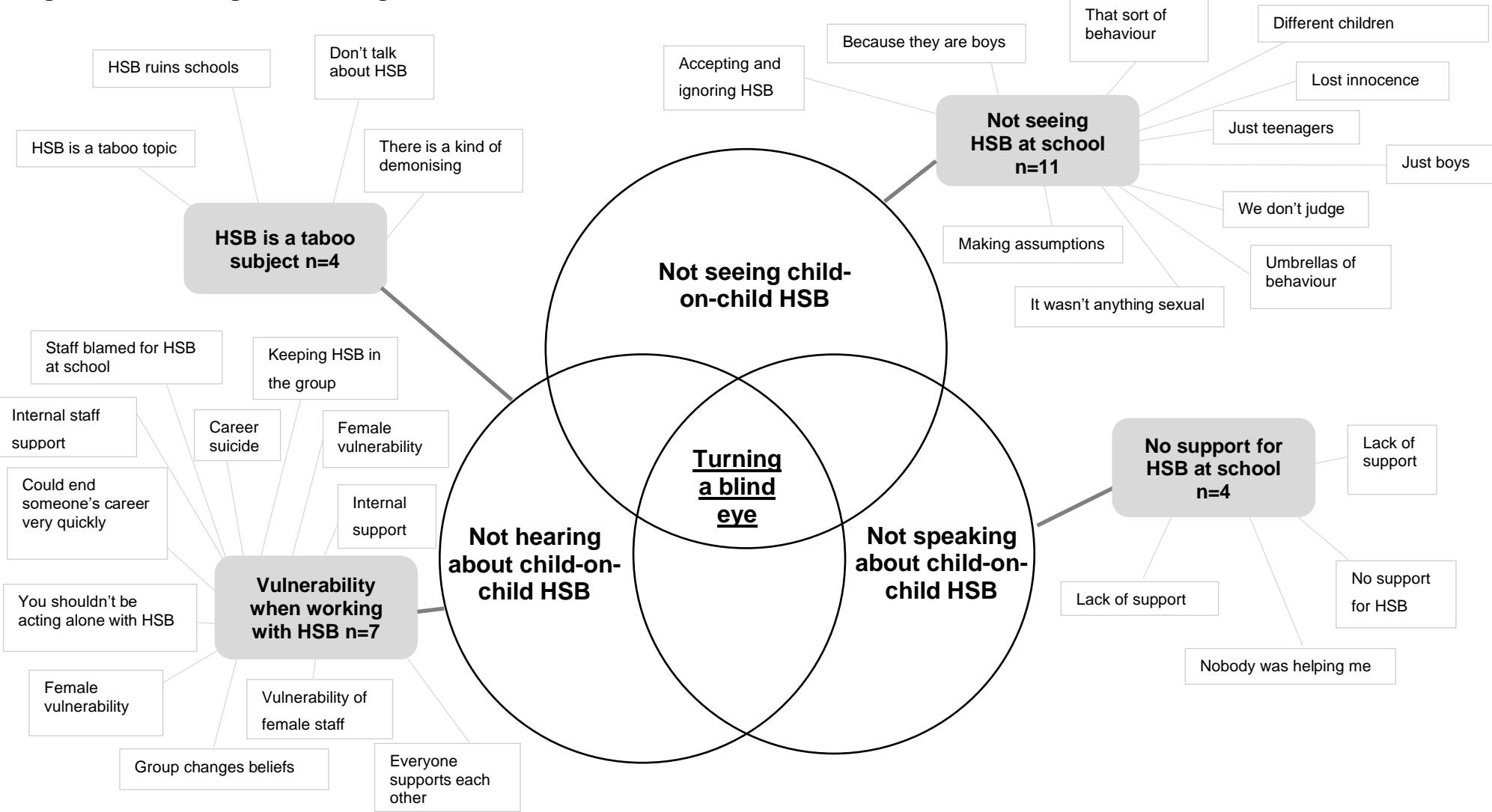
Table 15: Subordinate to superordinate themes (no text indicates no theme)

Emerging superordinate themes	Not seeing HSB at school	Vulnerability when working with HSB	HSB is a taboo subject	No support for HSB at school
Laurence n=2	That sort of behaviour	Internal support		
Margaret n=4	It wasn't anything sexual We don't judge	Female vulnerability Keeping HSB in the group		
Gregory n=3	Because they are boys	Career suicide Internal staff support		
Juliet n=3	Accepting and ignoring HSB	Female vulnerability Everyone supports each other		
James n=4	Different children	Could end someone's career very quickly School is blamed for HSB		No support for HSB
Peter n=3	Umbrellas of behaviour		HSB ruins schools	Lack of support
Hugh n=3	Just teenagers	You shouldn't be acting alone with HSB	HSB is a taboo topic	
Celia n=4	Just boys	Female vulnerability Staff blamed for HSB		Lack of support
Rosaline n=5	Making assumptions Lost innocence		Don't talk about HSB There is kind of demonising	Nobody was helping me
Total n=31	11	12	4	4

Table 15.1 Subordinate themes, emerging superordinate and overarching themes (no text indicates no theme)

Overarching superordinate themes	Not seeing child-on-child HSB n=11	Not hearing about child-on-child HSB n=16		Not speaking about child-on-child HSB n=4
Emerging superordinate themes	Not seeing HSB at school	Vulnerability when working with HSB	HSB is a taboo subject	No support for HSB at school
Subordinate themes	That sort of behaviour	Internal support	HSB ruins schools	Lack of support
	It wasn't anything sexual	Female vulnerability Keeping HSB in the group	HSB is a taboo topic	No support
	We don't judge	Career suicide Internal staff support	Don't talk about HSB	Lack of support
	Because they are boys	Female vulnerability Everyone supports each other	There is kind of demonising	Nobody was helping me
	Accepting and ignoring HSB	Could end someone's career very quickly School is blamed for HSB		
	Different children			
	Umbrellas of behaviour	You shouldn't be acting alone with HSB		
	Just teenagers	Female vulnerability Staff blamed for HSB		
	Just boys	Internal support		
	Making assumptions	Female vulnerability Keeping HSB in the group		
	Lost innocence	Career suicide Internal staff support		
		Female vulnerability Everyone supports each other		
Total = 31	11	12	4	4

Figure 1: Venn diagram showing links between all themes



Chapter 9: Discussion

The aim of this chapter is to discuss the findings of the idiographic analysis and to relate those findings to the wider literature about child-on-child HSB, thus adding to the body of knowledge. The three overarching superordinate themes of 'Not seeing child-on-child HSB', 'Not hearing about child-on-child HSB' and 'Not speaking about child-on-child HSB' will be discussed using the proverb of the three wise monkeys as a framework.

9.1 The Three Wise Monkeys

The discussion in chapter 2 highlighted a view that for too long, HSB between children has not been recognised or understood (Barnado's 2017). Therefore, to aid discussion and understanding of the findings, the proverb of the three wise monkeys will be used as an organisational and socio-cultural framework through which to explore teachers' lived experiences of child on child HSB at school. Popularly known as 'See no evil', 'Hear no evil' and 'Speak no evil', the proverb originally emerged within Buddhist traditions, and is seen depicting the life cycle of man according to Confucius (551-479 BC) at the Toshogu Shrine in Japan (japan-guide.com 2018).

Kilroy (2013) offers a useful precedent in the way the proverb may be used to understand the organisational and socio-cultural framework of the NHS (Kilroy 2013). He does this by commenting upon the findings of the Francis report (Francis 2010), highlighting the potential to fail to do good by not acknowledging uncomfortable experiences about which we do not understand (Kilroy 2013). He queries whether being more honest with ourselves might reveal internal tensions caused by having seen and heard things that are not spoken about because it is too difficult and can result in compromise for both ourselves and our job (Kilroy 2013). Thus, in the same way that the three wise monkeys do not see, hear or speak about unpleasant things, we all have the potential to look the other way and to turn a blind eye (Kilroy 2013).

The findings will be structured through the three overarching superordinate themes of 'Not seeing child-on-child HSB', 'Not hearing about child-on-child HSB' and 'Not

speaking about child-on-child HSB” to reveal the organisational and socio-cultural context in which teachers attempted to recognise and respond to child-on-child HSB at school. Several pieces of guidance; The Spectrum of harmful sexual behaviours and Suggested continuum of responses (Hackett 2010) will be used in conjunction with a Behaviour Identification (Ryan 2000a), will be used to structure the discussion and show how the lack of wider organisational and the influence of socio-cultural attitudes and beliefs might lead to turning a blind eye to child-on-child HSB.

To maintain a phenomenological thread, the discussion will take also account of the Lifeworld, established within phenomenology as an essential element of epistemological enquiry (Husserl 1970), experienced as being in the world and a sharing of experiences. The Lifeworld is thus considered useful when exploring lived experiences, particularly when using IPA methodology due to its meticulous idiographic nature (Brooks 2015).

A useful framework is published by Ashworth (2006) in which the essence of a lived experience is reproduced within specific categories:

- Selfhood: the state of being an individual.
- Sociality: how the situation is affected or depends upon the relationships and actions of others.
- Embodiment: how the body is implicated in the Lifeworld.
- Spatiality: relating to or occupying the space.
- Project: how the event relates to activities to which the person is fundamentally committed.
- Discourse: communication of thought and linguistic formulas.
- Mood as atmosphere: expressed as feelings essential to any situation.

This framework offers a lens through which to explore the lived experiences of child-on-child HSB at school and how these experiences may be applicable to others experiencing the same event (Ashworth 2006).

9.2: Not seeing child-on-child HSB

This section will discuss superordinate theme one by exploring the acceptance by teachers in this study of child-on-child HSB at schools as normal behaviour.

The analysis has shown that teachers lived experiences of child-on-child HSB were accepted in the special school environment as a normal part of growing up and an expected element of the school day. Conversely, school C experienced child-on-child HSB as a singular unacceptable occurrence. Whilst some sexualised behaviours of children is to be expected at school (Ryan 2000a; NSPCC 2017; Hackett et al. 2019) no consistency of response was observed amongst the participants. Table 16 (pg. 168) shows the correlations between guidance relating to the identification of normally expected and harmful sexual behaviours (Ryan 2000a; Hackett 2010) and suggested responses (Hackett 2010). The participant examples included in Table 16 and discussed in more detail here, show a lack of combined understanding as to both the nature of sexualised behaviours and when a referral to onward services was required. Thus, the behaviours were not seen as unacceptable or problematic, supporting a 'not seeing' approach to child-on-child HSB.

Historical acknowledgment that children and young people have sexual feelings was established by Freud, who in a series of lectures published in 1916/17, stated that:

To suppose that children have no sexual life - sexual excitations and needs and a kind of satisfaction - but suddenly acquire it between the ages of twelve and fourteen would (quite apart from any observations) be as improbable, and indeed, senseless, biologically as to suppose that they brought no genitals with them into the world and only grew them at the time of puberty (Weeks 2002 p.136)

Despite this acknowledgement it was not until the 1980's when research identified child sexual abuse as a major form of child abuse for the first time, that a reference to child-on-child sexual abuse was made (Finkelhor and Hotaling 1984). Although ninety percent of offenders were found to be predominantly male family figures such as fathers, uncles or older brothers (Finkelhor 1984), the findings showed sexual victimisation occurred between children:

There are also many instances of groups of adolescents victimizing younger or same-age children. We also see a few cases of young children, themselves 5 through 10 years old, who victimize their peers (Finkelhor 1984 p 120)

Thus, knowledge about child-on-child harmful sexual behaviours between children has existed since the mid 1980's.

Despite this, child protection training delivered by a national children's charity at school C had focused on the white male as the main perpetrator of child sexual abuse, an outdated understanding of alleged perpetrators of child sexual abuse (Hackett 2018). This meant the training missed the wider literature about the potential for child-on-child sexual abuse, meaning children were unprotected. The need for HSB training for schools is supported in the literature (Charles and McDonald 2005) and confirmed by Hugh (school B) who expressed surprise at learning that siblings could behave sexually towards each other. Research shows that children exhibiting HSB may have experienced most forms of abuse prior to the age of 4 years old (Hawkes 2011). Sexual abuse, a significant factor in the development of child-on-child HSB (Bladon et al. 2005; Hackett et al. 2013) occurs at around 5 years of age (Hawkes 2011) and in half of all children prior to the age of 7 years old (Vizard et al. 2007a). Victims can include school peers (Hawkes 2011; Allardyce and Yates 2013). Literature confirms the most common form of non-contact child-on-child HSB to be sexualised language (Hutton and Whyte 2006), whilst kissing, fondling and penetration of genitals are the most common forms of contact behaviour (Bladon et al. 2005; Almond et al. 2006; Desbiens and Gagné 2007; Vizard et al. 2007a; Hawkes 2011; Hackett et al. 2013).

Whereas most participants, including those responsible for safeguarding, gave no sense of the existence of a spectrum of sexualised behaviours in children, this was not the case for the headteachers at special school B and School C. These participants were both very aware of the gravity of the behaviours, but both experienced a lack of wider organisational support for when they occurred at school. The safeguarding officers at school A and B also appeared not to prioritise the behaviours as suggested by Hackett (2010), treating them in the same way as any other participant might and who was not working in this enhanced role. Thus, all participants, regardless of role and seniority were denied the wider organisational

support they needed either through a lack of response or action, a lack of training or a lack of recognition that this was even an issue.

The acceptance of HSB at school as normal behaviour is not supported in the literature. Fyson (2007/2008) revealed sexually abusive behaviours between children to be commonplace, with special schools reporting incidents weekly and at least once per term. Reports included verbal sexual harassment, public masturbation, inappropriate touch and actual or attempted bodily penetration (Fyson 2007). The examples described by Fyson (2007) resonate with those provided by the participants at each school in this study. However, rather than being able to recognise normative, inappropriate and abusive sexualised behaviours (Hackett et al. 2019), all schools appeared to misinterpret behaviours by regarding them as normal, influenced by age, gender and elevated hormones or the result of female influence by the clothing worn. This stance indicated acceptance of a 'boys will be boys' culture, hinting at an internal school social structure that was perhaps accepting of the sexualised behaviours of children (Hackett 2018) but without the skills required to know when they became unacceptable.

Examples included inappropriate sexualised behaviours that required an adult response, such as public masturbation and inappropriate touch (Margaret, school A), simulating sexualised behaviour whilst clothed, using school equipment to simulate sexual activity and sexualised bullying (Celia, Gregory and James, school B). One example of the misinterpretation of problematic sexualised behaviours as childhood play occurred in the special school (Margaret, school A). A further example occurred in school C whereby an inappropriate episode of sexualised peeping, assumed to be childhood play, culminated in increasingly abusive and violent sexualised behaviours resulting in actual bodily penetration (Rosaline, school C). Research confirms that asexual play in childhood is an unrealistic expectation (Kitzinger 1988). This supports the feelings of devastation experienced upon realising that the children were not playing but were instead behaving sexually (Rosaline, school C). Moreover, in school A, when sexualised behaviours were referred to as being sexually harmful by external intervention providers, this was contrary to the view expressed by the participant, supporting the view that inappropriate touch was only childhood play and public masturbation merely self-harm (Margaret, school A). These misinterpretations were especially a concern due

to Margaret's role as trainer in the subject of HSB at the special school and support the need for the wider use of literature to categorise sexualised behaviours (Hackett 2010). Additionally, the interpretations support the act of minimising serious sexualised behaviours of children that was also revealed in the literature as a method to avoid criticism for the lack of supervision (Martin 2014).

Thus, the acceptance of HSB as normal childhood behaviour, whilst not consistent with the wider literature, was recognised in guidance identifying the difficulties teachers experienced when distinguishing between behaviours of concern and those that would be considered acceptable (Hackett and Taylor 2008; Hackett 2010). Alternative reference tools intended to help identify when the sexualised behaviours of children become problematical (Friedrich et al. 1998; Ryan 2000b; Brook 2015; NSPCC 2018c; Hackett et al. 2019) appear not to have been used, confirming that guidance was not followed. This was partially supported in the literature which showed guidance being used in different ways and according to practitioner need; some professionals used the whole document whilst others selected particular sections. However, overall, the guidance was considered beneficial when responding to HSB (Hall 2006). Moreover, the lack of agreement amongst professionals in the field of child-on-child HSB to agree as to what was considered inappropriate child sexualised behaviour (Vosmer et al. 2009) confirmed the difficulties for more generalist professionals.

Despite literature showing special schools reported sexualised behaviours at least once per week, less than twenty percent of schools had policies and procedures in place to help staff deal with child-on-child HSB (Fyson 2007). Schools are nevertheless considered ideal venues for supporting children who sexually abuse other children, with school staff best placed to witness HSB, initiate interventions and to be involved in multiagency responses (Fyson 2008). Although literature revealed interventions carried out at school significantly decreased the overall risk that a child would re-offend, a lack of staff confidence led to dilemmas about how to deal with HSB (Hackett and Taylor 2008). Thus, responses were based upon own experiences of parenting and own beliefs including religious, not supported in the

literature (Vosmer et al. 2009). Humour employed as a strategy of response at school was also not supported in the guidance which states:

Especially important is not to pass off any sexual violence or sexual harassment as 'banter', 'part of growing up' or 'having a laugh' (Department for Education 2018 p. 66)

Conversely, the use of humour is said to be an important aid to wellbeing for those working with child-on-child HSB (Russell and Harvey 2016). Apart from humour and own parenting skills, participants spoke of using physical restraint to prevent sexualised behaviour, particularly when associated with aggression (Gregory and James, school B). A sense of being allowed to use this behaviour was observed in association with feelings of sadness. There are no indications within the literature for the support of restrictive physical restraint as a response to HSB.

Children who exhibit HSB at school were observed to be stereotyped as a distinct category of 'other' child due to their behaviour. Recent literature does not confirm this blanket approach because not one simple explanation as to why children exhibit HSB exists (Hackett 2018). Despite this, participants at both special schools (A and B) described children exhibiting HSB in ways which suggested them to be a distinct category of 'other' child who was recognised by the way in which they had been subjected to and experienced inappropriate sexual behaviours and poor family backgrounds (Laurence, school A, Gregory and Hugh, school B). This meant that whilst accepting the child's sexualised behaviours as normal, the children were nevertheless stereotyped by them.

Stereotyping according to Goffman (1963), is a form of stigma described as the unnatural presentation of blemishes of character which may reduce life chances (Goffman 1963). To highlight his theory, Goffman (1963) argued that stigma is applied to those who are considered passing strangers, using the identity of the unpleasant motorist as a useful analogy to explain his approach (Goffman 1963). Research shows a reduction in the long-term life outcomes for children exhibiting HSB (Swisher et al. 2008). Thus, it may be seen that by correlating the passing of children through school with Goffman's concept of passing strangers, a link is made between stereotyping of children through stigma. Moreover, this study showed the same analogy of the unpleasant motorist used as part of child attachment training

delivered to staff as an aid to help them understand the children (Laurence, school A). Rather than supporting the children, the school appeared to be reinforcing the stereotype of the child exhibiting HSB as '*not pleasant*', a description used by Laurence (school A) to describe what it was like when working with the child. Thus, the sexual culture of an environment is confirmed as being likely to affect staff as well as children (Hackett 2018). However, Goffman (1963) also described breaking through stigma to enable the establishing of a daily routine (Goffman 1963), supporting the training of staff and the need to get on with the school day (Hugh, school B).

The context in which the prejudice takes place is an important element which can lead to hierarchical differences between groups based upon stereotypes and representations within wider society and the media (Meeusen 2017). This was revealed in the wider literature which showed the apportioning of blame when child-on-child sexualised behaviours occurred (Martin 2014). Group influence was observed when parents, influenced by media stories about child sexual abuse, blamed other children for the abuse of their child. Licensing authorities blamed child care workers for lack of supervision (Martin 2014). Therefore a hierarchical approach to the system of child care was observed with experiences being influenced from within particular groups (Martin 2014). The literature supports the study findings in that school A demonstrated how the influence of stereotyping led to children who exhibited sexualised behaviours subsequently being perceived as unpleasant. Moreover, the influence of not being aware of the difference between normally expected behaviours and those that are not led to the inadvertent inability to be able take responsibility for safe environments (Hackett 2018). Literature therefore supports the stereotyping of children who exhibit sexualised behaviours (Vosmer et al. 2009) and the prevailing attitudes exhibited towards them (Martin 2014).

The influence of personal beliefs and attitudes were seen to accompany the awareness of high-profile cases of child sexual abuse (McShane 2013; BBC 2016) leading to differences in the way participants worried about the consequences for their schools. A reference in the discourse to a '*loss of innocence*' (Rosaline, school C) made in response to the incident at school C, was potentially influenced by media

reports and literature published at the time of James Bulger's death in 1983 (Guardian 1993; Franklin and Petley 1996). Reports such as these are known to cause moral and social panic (Robinson 2008) but instead, school C considered the case of James Bulger to be irrelevant because of a personal belief that at six years old, children would not be sexually active. This is not supported in the literature which shows children who have experienced sexual abuse prior to the age of 5 years are twice as likely to sexually abuse another child before that child is 5 years old (Veneziano et al. 2000). Moreover, children below the age of ten years and who exhibit HSB are shown to abuse multiple other children, often in groups and at school (Vizard et al. 2007b). Although later research indicates around one third of children exhibiting HSB may have no prior experiences of sexual abuse (Hackett et al. 2013) the findings remain significant for all schools, including primary schools.

Discourse is an essential element in understanding the lived experience of child-on-child HSB, as shown in further examples of references used to describe children exhibiting HSB as either perpetrators or victims. The Oxford Dictionary defines a perpetrator as a person who carries out a harmful, illegal, or immoral act (Dictionary 2019). The sense of the juvenile delinquent as a deviant 'other' (Hay 1995) and deviant sexual behaviour as the end of childhood (Valentine 1996) was shown in the literature and replicated within the schools. The use of the word perpetrator was accompanied by further descriptors which included; 'undesirable', 'explosive', 'delinquent', 'deviant' and 'impaired'. To refer to children in the context of social deviants, as in the case of the deviant 'other' means they are defined by their refusal to accept their place in society and are temporarily tolerated provided it is restricted within the boundaries of their community (Goffman 1963). Thus, the use of this language reveals a potential acceptance of the stereotype, and therefore the stigmatisation of children exhibiting HSB, that was acceptable until the behaviours were directed towards the teachers themselves.

The use of these terms to identify children who exhibit sexualised behaviours is supported in the literature (Vosmer et al. 2009) as an aid to understanding a child's background and therefore to explain the reasons for HSB (Almond et al. 2006; Desbiens and Gagné 2007; Joyal et al. 2016). The term perpetrator, used within the literature to differentiate the child perpetrating the abuse as opposed to the child

experiencing it, remains nonetheless an uncomfortable term. All schools referred to children exhibiting HSB as either perpetrators or victims, whilst in school A children exhibiting HSB were also spoken about in the context of the term paedophile. The application of increasingly detrimental labels such as perpetrator, deviant and sex abuser upon children, indicates the meso, macro societal attitudes towards child-on-child HSB. However, the use of these terms, even to differentiate between the child exhibiting sexualised behaviour and the child towards whom the behaviours were directed, may lead to under-reporting and confusion (Grimshaw et al. 2008) with implications for poor long term outcomes for the child (Swisher et al. 2008). Moreover, literature shows that labelling children in this way supports the influence of a negative media reporting, fuelled by blame culture, which means practitioners are required to address both the child's behaviour and the negative effects of stereotyping (Russell and Harvey 2016). Contrary to the language used at the special schools, Rosaline (school C) was the only participant to recognise and refer to each child as a victim in their own right. The use of the word 'victim' in the context of children who exhibit HSB is advocated by Hackett (2018) who recommends the use of the word 'victim' to denote children at the point of experiencing abuse, and 'survivor' to denote a child who has gone through the recovery process (Hackett 2018). This section has shown child-on-child HSB at school to be accepted as normal behaviour by teachers across the schools. The next section will explore the experiences of teacher vulnerability associated with HSB as a taboo subject at schools.

9.3: Not hearing about child-on-child HSB

The previous section showed child-on-child HSB at school to be accepted as normal behaviour by teachers and associated with the child as a stereotype which contributed to stigma. This section will discuss superordinate theme two supporting a 'not hearing' approach to child-on-child HSB, female and male teacher vulnerability associated with HSB as a taboo subject and the support of the internal group at school.

Despite literature which showed the wellbeing of staff working with children who exhibit HSB to be an important factor (Russell and Harvey 2016), teachers in both special schools A and B described feelings of vulnerability associated with working with HSB. Feelings of vulnerability may derive from the effects of taboo around topics which subsequently contribute to stigma (Goffman 1963). Associated with the embodiment of individuals, the effects of stigma upon others may extend towards those around them, thus supporting professional negative beliefs with regards to working in a special school, as expressed by Gregory (school B). Feelings of vulnerability associated with child-on-child HSB were described by both female and male participants uniquely revealing vulnerability associated with either gender that was not previously observed in the wider literature. Female vulnerability, recognised by Laurence (school A), was supported in the literature (Russell and Harvey 2016). Female participants described vulnerability as not feeling safe (Juliet, school B) and being wary of physical behaviours (Margaret, school A and Celia, school B). The wider literature supports female vulnerability associated with working with children who exhibit HSB, but does not support the vulnerability of males, who instead reported their gender enhanced their roles (Almond 2013). This was not a finding of this study. Conversely, male vulnerability was associated, not with physical personal safety, but with personal reputation in terms of the vulnerability associated HSB and the potential for it to ruin the reputation of a school (Peter, school B), being a taboo topic (Hugh, school B), contributing to career suicide (Gregory, school B) and the potential for the school to be blamed for the behaviours (James, school B). It was also associated with a sense of danger associated with inadequacy, lack of skills and the lack of support for the individual (James, school B). Thus, feelings of vulnerability for males were associated with potential loss of careers, suggesting a

possibility that HSB remained hidden to protect careers. Although male vulnerability in terms of working with HSB was not supported in the literature, and is therefore a unique finding of this study, this finding resonates with the earlier discussion about the turning of a blind eye due to the fear of compromise (Kilroy 2013).

Superordinate theme one has shown incidents of child-on-child HSB to be accepted in the special schools, but when the behaviours were directed towards female staff these became unacceptable. The outcome of sexualised behaviours towards staff resulted in referrals to external intervention services because teachers did not consider themselves to be professionals in managing child-on-child HSB (Margaret, school A) or because the behaviours were considered to be a mental health issue, that was outside the remit of the school staff (Celia, school B). Although referral at this point may have been warranted according to guidance (Hackett 2010) due to the serious nature of the behaviours, the reasons given by participants for the referrals are not supported in the literature. Rather than children being considered to be suffering a mental health issue, connections are instead observed between a psychiatric diagnosis such as anxiety, isolation and depression and a heightened risks of sexual offending (Bladon et al. 2005). This confirm correlations between HSB and the experience of mental health difficulties (Vizard et al. 2007a). Although research has called HSB exhibited by children to be considered a mental health diagnosis (Gerhold et al. 2007) this has not been accepted, despite more recent research which shows that almost two thirds of children exhibiting HSB meet the criteria for a mental health diagnosis (Desbiens and Gagné 2007; Smith et al. 2009; Fanniff and Kolko 2012).

The sense of vulnerability associated with children who exhibit HSB may be discussed, as in the previous section, in association with social and media influences over the sexual abuse of children, particularly by other children. The death of James Bulger (Guardian 1993) metamorphosed the sense of innocence in childhood into its opposite stance, that of the sense of 'evil' (Franklin and Petley 1996) and became a metaphor for a lost innocence and the triumph of good over evil:

'The conceptualisation of "evil" within the aberrant child has long traditions with religious, academic and child-care institutions. It resides permanently beneath the surface which presents a veneer of tolerance and understanding in direct contrast to the forces released once children and young people step out of line' (Scruton 1997 p 167)

This means that children are increasingly penalised as being outside of normal childhood expectations and therefore become 'demonic' (Kehily 2004). School C described the lived experience of the '*demonising*' of children involved in the incident of HSB (Rosaline, school C) and which confirmed them as being unwanted in their own community. The literature confirms the negative consequences for children who are targeted, attacked and vilified by their own communities (Hackett et al. 2015) and regarded as social outcasts (Fyson 2008). Although this might appear to be clearly delineated, school C described how staff working and living in the same community in which the school is placed, struggled to maintain a professional attitude whilst at the same time experiencing a personal need to protect their own children (Rosaline, school C). This was not found in the literature. Thus, the internal support of other staff at school was considered important when working with HSB.

Adoption into a group is associated with bonds of reciprocal dependence, becoming the face of the organisation and being expected to fit with the idealised expectations of wider society (Goffman 1959). However, the possession of inconsistent personal beliefs and attitudes produces internal cognitive dissonance that as human beings we attempt to harmonise through our attitudes and behaviours (Festinger 1957).

Supporting this concept of reciprocal dependence and the harmonising of internal dissonance, were references to group support in the context of working with HSB at special schools A and B. Participants described the experience of group working as family based and very supportive (Juliet, school B), a fantastic feeling (Gregory, school B) and being very supportive towards each other (Celia, school B). The sense of group support was supported in the literature which rated co-working and group support as a most helpful element of working with HSB, followed by supervision (Hall 2006; Almond 2013; Russell and Harvey 2016). Participants felt they should not be acting alone with HSB (Hugh, school B) or that the teacher/child relationship was stronger than external professional/child relationships (Margaret, school A) meaning the school preferred to work with the children themselves, until the behaviours were HSB. Literature shows that schools are on the frontline of responses to HSB (Hackett 2014). Suggestions for support, case management and coordination includes support provided by specialised services when required (Hackett 2010). Contrary to the literature however, (Margaret, school A) reported staff at the school were considered to be 'not the professionals' to engage with children exhibiting HSB. Additional literature does not support this view, instead showing staff at special schools eager to engage in the early recognition and response to HSB as part of child protection (Fyson 2008) and confirmed as being essential (Hackett 2018). However, the findings showed that when work was undertaken by external providers this was accepted by Margaret (school A) as being private, meaning information was not shared. The lack of information sharing is not supported in current literature, particularly within child protection (HM Government 2018) meaning this study has confirmed differences between standards and reality in practice.

Staff believed they were blamed by external authorities when HSB occurred at the schools, experiencing tribunals, disciplinary action and loss of careers despite their lack of experience of HSB (James, school B). Thus, a sense of group support for the individual experiencing HSB appeared in some aspects of the narrative, showing staff welfare taking precedence above the needs of the child (Laurence and Margaret school A, Gregory, Juliet and Celia school B). Moreover, internal blame was observed whereby individuals at school were blamed for when HSB occurred, this resulting in disciplinary actions and warnings as to future consequences in terms of employment if this happened again (Celia, school B). Thus, a hierarchy of blame

was associated with occurrences of HSB at school, particularly when those behaviours might bring shame on the school. For example, incidents between children whilst under staff supervision were blamed upon the poor supervision skills of the staff, rather than recognising the lack of training they had received. Moreover, when HSB occurred at the school, the local authority blamed the headteacher for its occurrence (James, school B). This was partly supported in the literature which showed an apportioning of blame extended towards child care services and which was considered to be the fault of staff due to the lack of child supervision (Martin 2014). However, when observing the spectrum of harmful sexual behaviours (Hackett 2010) the suggested responses, sense of coordination across networks, supportive teams and intervention specialists is noted as being contrary to the experiences expressed by participants. Thus, blame occurring within schools with a lack of support, is not supported in the literature and is therefore a unique finding of this study. Reflecting back to 'not seeing HSB' the apportioning of blame may be considered a reason as to why HSB is hidden at school and not heard.

This section discussed the experiences of female and male teacher vulnerability associated with HSB as a taboo subject, and the importance of internal group support at school. The next section will explore the experiences of the lack of external support for teachers when HSB occurs at school.

9.4: Not speaking about child-on-child HSB

This section will discuss superordinate theme three by exploring the experiences of the lack of external support for teachers at school for when HSB occurs and to reveal a 'not speaking' approach to child-on-child HSB. Whilst some participants either reported a lack of external support or difficulty in finding support (James, Peter and Hugh, school B, Rosaline school C), it was the headteachers at schools B and C who were most frustrated by the lack of local authority response and support to HSB exhibited at school. This contributed to a sense of isolation.

Writing in 'Discipline and Punish: The Birth of the Prison' (Foucault 1977), Foucault described a hierarchy of authority existing within institutions responsible for groups considered a threat to society, such as those exhibiting sexual deviance (Foucault 1977). According to Foucault (1977) power struggles within a hierarchical regime of authority work in opposition to collegiate relationships because one source of power has to be dominant over the other (Foucault 1977). Moreover, greater expectations of institutions, leads to alienation and disenchantment and raises important ethical issues about moral responsibility when the institution cannot provide a particular service, particularly through the lack of funding (Oliver 2010). This was observed in the current study as the requirement of schools to show academic success for the children (Department for Education 2014), at the apparent expense of ignoring HSB and the need for therapeutic intervention. This was supported in the literature which revealed the difficulties of working with HSB within target driven environments (Almond 2013). The cost of therapeutic support for HSB was considered to be too expensive to implement, a view supported by Hackett (2018), and which in this context was felt to be ignored by the local authority in favour of showing academic success. This was exercised through the skewing of data which was used to hide the number of children excluded from school and to show better outcomes; described as the use of 'smoke and mirrors' (James, school B), thus hiding the problems caused by child-on-child HSB.

The lack of local authority support was shown as the school receiving limited historical information about a child (James, Peter and Celia, school B), the lack of therapeutic support (James and Peter, school B) and receiving no support at all (Rosaline, school C). The analysis showed that whilst some participants lamented

the lack of information given to the school (James and Celia, school B and Rosaline, school C) others did not. For example, Celia at school B revealed the sharing of sexualised histories to be generally poor resulting in the child being subjected to risk assessment that resulted in them being denied access to activities deemed to be risky. A sense of containment rather than support of the child exhibiting HSB was therefore described but is not supported in the literature. To the contrary, school A was the only school which did not perceive a lack of local authority support, and instead considered the provision of historical information about a child's previous sexualised behaviour to be sufficient (Laurence, school A). Despite this, the sharing of information about a child's sexualised behaviours at this school was also shown to exert a potentially negative effect on a child because this information enabled the school to decline admission of the child to school (Margaret, school A). Thus, whether the sharing of information was considered sufficient or not, the use of that information appeared to be used to exert a negative influence upon the child exhibiting HSB at school. Moreover, the analysis showed that not only was information sharing between the schools and their local authorities observed to be poor, but so was the sharing of information within the schools (Laurence and Margaret, school A). For example, differences existed between the two participants at school A as to the nature of incidents and the extent of the behaviours exhibited. Laurence referred only to the sexualised language exhibited by children and to not being concerned about it, an acceptable interpretation of what could be explained as normally expected sexualised behaviour of children (Hackett 2010). However, Margaret appeared to possess deeper knowledge, referring to sexualised physical behaviours that had occurred within the school and in the community, both affecting the school. These may be attributed to the more inappropriate and problematic harmful sexualised behaviours (Hackett 2010) about which Laurence as headteacher appeared to be unaware.

Working together through the sharing of information about a child is an essential element of child protection work (Department for Education 2018f), and supported in the context of HSB by Hackett (2018). It is described as an intrinsic element of any frontline practitioner's role (HM Government 2018). Moreover, research shows that schools are unable to support the child exhibiting HSB when information is not shared (Hackett and Taylor 2008). The lack of information sharing also affects

siblings whose needs may be overlooked, especially if attending the same or nearby schools. (Hackett et al. 2014). Negative effects upon children are supported in the research which shows two thirds of children exhibiting HSB also experience educational problems (Bladon et al. 2005) meaning as many as 40% are not in full time education (Almond et al. 2006). Academic failure and exclusion from school results in children often repeating their school years (Desbiens and Gagné 2007) resulting in the provision of additional support for children including the provision of a Statement of Educational Need (Hackett and Taylor 2008) and admission to special schools (Bladon et al. 2005; Vizard et al. 2007a). Thus, the lack of support for children exhibiting HSB at school is not supported in the literature. Moreover, declining to admit a child into special school because of their sexualised behaviours is also not supported in the literature.

The lack of support for special schools for when HSB occurs is supported in the literature (Fyson 2007). Although ten years old, this research highlights the lack of improvements in this area. Fyson (2007) revealed that the lack of policy guidelines in special schools, combined with difficulties and a lack of confidence in recognising when behaviours warranted intervention, were exacerbated by the lack of response from external agencies (Fyson 2007). This research showed that child social services were criticised by schools for instigating child protection procedures rather than providing advice and support (Fyson 2007). This finding was in direct contrast to school C's experience, whereby the safeguarding team did not attend the school until they had been criticised by the headteacher (Rosaline, School C). As a frontline responder to HSB (Hackett and Taylor 2008), the school was correct in reporting the concerns to the local authority and expecting a response from child social services. Moreover, by correlating the behaviours with the literature (Hackett 2010) this confirmed them as being consistent with abusive and potentially violent sexualised behaviour. However, instead of a safeguarding response, the school had experienced a response by the exclusions team and a subsequent fundamental change of its previously good relationship with the local authority as a result of the HSB incident.

The lack of response together with a potential inappropriate response was discussed by Fyson (2007) who revealed that youth offending teams had failed to respond to schools, thus indicating a lack of skills associated with working with

children who exhibit HSB. Moreover, the research showed that involvement with the Police was considered to be more successful, especially when the child was already involved with child social services. However, this approach often resulted in criminal proceedings against the child which were considered ineffective and which meant too few children received the therapeutic support they needed (Fyson 2007). The research also revealed children exhibiting HSB at school to be a group who were not only social outcasts but also organisational outcasts, in that although schools were aware of the early warning signs, no action was taken until a criminal offence had been committed and the child placed on the sex offenders' register (Fyson 2007). The involvement of Police for when HSB occurred in the community, was evident in this study (Margaret, school A), as was the placing of a child on the sex offender's register, an action that can have long-term negative consequences for a child (Hackett et al. 2015). However, in the context of the school environment, it was not unknown for children on the register to be placed in school and also, to continue to sexually groom other children (James, school B).

The analysis showed an awareness of HSB at school, supported by literature which argued for a whole school involvement in responses to HSB (Fyson 2008). The findings of this study revealed HSB to occur in a variety of environments including the playground, school transport and other areas in which the school was responsible for the child, such as swimming and external school trips. A whole school awareness of HSB was indicated (Celia, school B) in addition to staff witnessing sexualised behaviours but being unaware of the implications of them (school C). Thus, the need for a whole school involvement in responding to HSB at school is supported. Fyson (2008) also showed that more than half of all special schools surveyed did not have a policy on sexual behaviour despite the schools being aware that sexualised behaviours occurred throughout the school day (Fyson 2008). These studies remain pertinent, even at ten years old, because of the findings which show children at special schools to be at risk of abuse due to institutional inaction (Fyson 2007). This finding is supported in the current study, evidenced by the lack of formalised response to HSB within and for schools. Moreover, rather than focusing on special schools, this study has shown inaction to occur across all schools.

This section has discussed the lived experiences of teachers for when there is a lack of external support at school for when HSB occurs. The next section will summarise the discussion.

Table 16: Correlations between literature and participant experiences of HSB

Spectrum of harmful sexual behaviours (Hackett 2010)	Behaviour identification (Ryan 2000a)	Suggested continuum of responses (Hackett 2010)	Behaviour examples taken from analysis	Teacher response to behaviours
Normal	Normally expected			
Developmentally expected. Socially acceptable. Consensual, mutual, reciprocal. Shared decision making	Genital or Reproduction conversations with peers or similar age siblings. Show me yours/ I'll show you mine with peers. Playing 'doctor'. Occasional masturbation without penetration. Imitating seduction (i.e. kissing, flirting). Dirty words or jokes within cultural or peer group norm		<i>very sexualised in the way they speak</i>	No action taken. Accepted as normal behaviour.
Inappropriate	Behaviours requiring an adult response	Responses		Actual response
Single instances of inappropriate sexual behaviour. Socially acceptable behaviour within peer group. Context for behaviour may be inappropriate. Generally consensual and reciprocal	Preoccupation with sexual themes (especially sexually aggressive) Attempting to expose others' genitals (i.e. pulling other's skirt up or pants down). Sexually explicit conversations with peers. Sexual graffiti (esp. chronic or impacting individuals). Sexual innuendo/ teasing/ embarrassment of others. Precocious sexual knowledge. Single occurrences of	Support, case management and coordination in frontline settings supported by specialised services as needed.	<i>sexualised behaviour in the way of drawing explicit things or saying things/making gestures</i>	No action taken. Accepted as normal behaviour
			<i>one boy's head was just tucked up inside her skirt, her ... and she was wearing a dress, just tucked up inside her dress," and she'd gone over, the Lunch Supervisor, quite rightly, had gone over and said, "What are you doing?" but had done so ... "You're, you're obviously being daft." You're not doing something dreadful.</i>	No action taken. Accepted as normal child play

Spectrum of harmful sexual behaviours (Hackett 2010)	Behaviour identification (Ryan 2000a)	Suggested continuum of responses (Hackett 2010)	Behaviour examples taken from analysis	Teacher response to behaviours
	peeping/exposing/obscenities/pornographic interest/ frottage. Preoccupation with masturbation. Mutual masturbation/ group masturbation. Simulating foreplay with dolls or peers with clothing on (i.e. petting, French kissing)		<i>he'd gone out with a three-year old boy, bearing in mind he was ten and he, the boy had come back with his pants on the wrong way around</i>	Child protection referral. No response
Problematic	Behaviours requiring correction	Responses		
Problematic and concerning behaviours. Developmentally unusual and socially unexpected. No overt elements of victimisation. Consent issues may be unclear. May lack reciprocity or equal power. May include levels of compulsivity	Sexually explicit conversations with significant age difference. Touching genitals of others without permission. Degradation/ humiliation of self or others with sexual themes. Inducing fear/ threats of force. Sexually explicit proposals/ threats including written notes. Repeated or chronic peeping/ exposing/obscenities/pornographic interests/ frottage. Compulsive masturbation/ task interruption to masturbate. Masturbation which includes vaginal or anal penetration. Simulating intercourse with dolls, peers, animals, with clothing on	Community-based teams, including CAMHS and the voluntary sector (such as the NSPCC or Barnardo's) at local level, who can assess and offer interventions to children and young people (and their parents, carers and families) presenting with problematic and abusive sexual behaviours, supported where necessary with input from a regional specialist service with consultation and training. Community-based teams would be	<i>he'll grab hold of a piece of wood and um be sexual with it. He, he will um show um sexual manoeuvres with a bench or he'll rub himself up and down the pillar drill</i>	No action taken. Teacher responded with humour
			<i>another boy had dry humped him ... and they'd kissed</i>	Child protection referral. No response. Police informed
			<i>he was 12 at the time. And after that erm the mum of a six year old girl had said that this boy had kissed her daughter and erm touched her.</i>	Child protection referral. Teacher did not believe behaviours to be sexual. Pupils advised not to play with much younger children
			<i>he was masturbating in the window of his foster carer's house.</i>	Pupil receiving specialist intervention. Teacher did not believe behaviours to be sexually aggressive
			<i>incidents between pupils, maybe boys hitting each other in private parts, they're aiming for the sexualised areas</i>	No action taken.

Spectrum of harmful sexual behaviours (Hackett 2010)	Behaviour identification (Ryan 2000a)	Suggested continuum of responses (Hackett 2010)	Behaviour examples taken from analysis	Teacher response to behaviours
		well-placed to provide consultation and advice to schools on children presenting with sexual behaviour problems in educational settings.	<i>he's gone from stroking females' hair to putting his hand over their mouth and grabbing their mouth.</i>	Behaviours directed towards staff resulted in referral to specialist intervention.
			<i>when they walked into the room he would continue masturbating and look in their eye, erm, and we say we, you know we're not equipped to deal with that. You know we're a school, we're a residential school, we're not a hospital in mental health</i>	Behaviours directed towards staff resulted in referral to specialist intervention.
Abusive	Behaviours that are always problematic and require intervention	Responses		
Victimising intent or outcome. Includes misuse of power. Coercion and force to ensure victim compliance. Intrusive. Informed consent lacking, or not able to be freely given by victim. May include elements of expressive violence	Oral, vaginal, anal penetration of dolls, children, animals. Forced exposure of others' genitals. Simulating intercourse with peers' clothing off. Any genital injury or bleeding not explained by accidental causes	Network of specialist regional services that provide case consultation, teaching and training programmes to facilitate local services and to provide direct interventions in complex cases where young people present with complex needs and risk profiles, including serious mental health concerns and learning difficulties/disabilities. Small number of therapeutic residential facilities for children and	<i>we did not expect one of our six-year olds to insert his hand into another girl's vagina.</i>	Child protection referral. No child protection response from LA safeguarding team. Children excluded from school from school premises.

Spectrum of harmful sexual behaviours (Hackett 2010)	Behaviour identification (Ryan 2000a)	Suggested continuum of responses (Hackett 2010)	Behaviour examples taken from analysis	Teacher response to behaviours
		young people displaying HSB based around the UK to allow for intensive, supervised treatment of children whose needs cannot be met safely in the community.		
Violent	Behaviours that are always problematic and require intervention	Responses		
Physically violent sexual abuse. Highly intrusive Instrumental violence which is physiologically and/ or sexually arousing to the perpetrator. Sadism	As above	Provision in secure settings, for comprehensive assessments and interventions that address the young person's risks and needs, linked to sentence planning and transitions within the secure estate and to the community.	<i>As above</i>	

9.5 Summary

The aim of this section was to discuss the individual and shared lived experiences through the findings of the idiographic analysis by using the proverb of the three wise monkeys. A further aim was to relate the findings to the wider literature, thus filling a gap in the literature. Whilst being cognisant of a continuum of sexualised behaviours exhibited by children (Hackett 2010) and recommended responses (Hackett et al. 2019) the discussion used the proverb of the three wise monkeys as a framework in which to understand the wider organisational and socio-cultural attitudes and beliefs toward child on child HSB at school.

The findings have shown that participants were not supported by wider organisations for when child-on-child HSB occurred at school. Child-on-child HSB directed towards staff was considered unacceptable and a mental health issue. Male and female experiences of vulnerability were associated with working with children who exhibit HSB and revealed as the effects of stigma associated with HSB as a taboo subject. Internal group support and the lack of external support for schools was discussed.

Participant narratives implied the majority of experiences of child-on-child HSB to be developmentally expected and socially acceptable, thus placing them in the range of normal behaviour. To the contrary however, Table 16 shows that when correlated with guidance and wider literature (Ryan 2000a; Hackett 2010) the majority of behaviours occurring in school were in fact within the inappropriate and problematic range, thus requiring action to be taken at school. These findings confirm the school as a frontline responder to child-on-child HSB (Hackett and Taylor 2008) supporting the need for wider organisational support and training.

In accordance with the lack of literature concerning the lived experiences of teachers working with HSB at school, many findings of this study were unique. A lack of training and knowledge contributed to the lack of recognition about which sexualised behaviours were to be normally expected and those that should not (Hackett 2010) supporting the superordinate theme of not seeing child on child HSB. Had training and guidance been in place within the school, participants should have been able

to confidently identify behaviours and take actions as a result of their concerns. The lack of local authority and wider organisational response to referrals made by the schools contributed to feelings of vulnerability and experiences of the effects of child-on-child as taboo, supporting the second superordinate theme of not hearing about child-on-child HSB. Finally, the lack of wider local authority for schools when child-on-child HSB occurred, supported the third superordinate theme of not speaking about HSB.

The discussion has revealed where support for the findings has emerged and also where it has not. Child-on-child HSB at school, predominantly regarded as normal behaviour related to a 'boys will be boys' culture and the influence of hormones, was not supported in the literature. Thus, it was neither a normal part of growing up, nor a normal part of the school day. Whilst most participants offered little sense of the existence of a spectrum of sexualised behaviours (Hackett 2010), this was not the same for every case. For example, although they appeared to be unaware of any external guidance, the headteachers at special school B and School C recognised the behaviours they experienced as being abusive and violent and were equally aware of the lack of wider organisational support. Thus, the responses as outlined within guidance (Hackett et al. 2019) were not provided.

Teacher responses such as humour, whilst deterred in guidance for schools, were shown to be important for staff wellbeing when working with HSB and for deterring children from behaving in a sexualised way. Whilst these may be considered to be irregular teacher responses, a wider lack of professional agreement as to what was unacceptable child sexualised behaviour was observed in the wider literature. This meant that when professionals could not agree, the likelihood of teachers being able to respond in appropriate ways was perhaps limited. Thus, the responses of the teachers at school mirrored the responses of wider professionals, compounded by the lack of training.

Training was only apparent at one special school, delivered by a participant who received no external support and who, without current knowledge, appeared unable to accurately interpret or respond appropriately to HSB. Child protection training provided by national charities missed the opportunity to provide an appropriate

depth of learning about those who commit child sexual abuse, meaning literature about children as young as five year's old exhibiting child-on-child HSB was missed. This knowledge is essential for all schools, including primary age schools, not only in terms of awareness but to enable them to follow guidance.

An example of misunderstanding due to the lack of training was the belief that at six years old the children involved in the abusive and potentially violent incident at school C, were not in fact capable of such sexualised behaviour. Moreover, high-profile cases of child-on-child sexual abuse were considered too rare to be of relevance to the school meaning they were discounted. However, when details of the potential for one child to sexually abuse another child were included in child protection training, surprise was expressed. Thus, gaps exist in child protection training, which in addition to the lack of specific training in child-on-child HSB, means that children at school could be at risk of abuse. The lack of focus on children as perpetrators of child sexual abuse is not supported in the literature.

The local authority, in most examples, provided very little if any support for the schools when HSB occurred. Thus, a sense of containment rather than support was expressed. This was not supported in the literature which suggests that schools are on the frontline of responses to child-on-child HSB (Hackett 2014) and best placed to witness the behaviours (Fyson 2008). However, in this study a hierarchical system of blame was shown to extend downwards from the local authority to the schools. Within the schools, this hierarchy of blame descended through senior members of staff to others who were clearly ill-equipped or supported to be able to deal with the problem. Blame occurring within schools is not shown or supported within wider literature meaning this a unique finding of this study, supporting the implications of the lack of support for schools and staff when child-on-child HSB occurs.

Literature supported stereotyping and prevailing attitudes towards children who exhibit sexualised behaviours and who were then stigmatised according to their backgrounds. This meant children were seen as outsiders within their own schools and referred to with language that assisted teachers to differentiate between victims and alleged perpetrators. Whilst the use of this language was supported in earlier

literature, it is becoming less acceptable (Hackett 2018). The acceptance of child-on-child HSB as normal at school, exhibited by children stereotyped according to their backgrounds, was shown to be acceptable at special schools until the behaviours were directed towards the teachers. At this point, the sexualised behaviours were regarded as a mental health issue for the child that was considered too specialist and therefore outside the remit of teachers. This was not supported in the literature. Moreover, whilst the special schools considered its staff the best people to work with difficult child behaviours this was not the case when the behaviours were believed to be sexualised. This was also not supported in the literature.

Schools' experiences of children stigmatised by communities was supported in the literature. However, the experiences of teachers facing the dual responsibility of being a parent and a teacher and struggling to maintain a professional attitude whilst at the same time experiencing a need to protect their own children in the same community, was not. This was not supported in the literature. Group support when working with HSB was important in the special schools but was not known in the primary school because of the lack of prior experience or knowledge of HSB. This meant the participant at school C felt particularly isolated. Some aspects of the narrative showed staff welfare taking precedence above the needs of the child, an approach that was not supported in the literature. The group acceptance of the difficulties of working with HSB in schools was therefore not experienced in every school meaning experiences were distinct and showing that whatever the type of school, a range of normally expected through to violent sexualised behaviour could occur.

Information sharing was perceived differently across the schools. In one special school the amount of information shared was considered to be good but was used to refuse admission of the child to the school because of perceived risks to other children. In the other special school, information sharing was considered poor. This was not supported in the literature. Finally, teacher vulnerability was associated with working with HSB. Whilst the wider literature recognised female vulnerability, it did not recognise male vulnerability associated with the loss of careers and reputation. Thus, this was a unique finding.

With these findings in mind, it was perhaps unsurprising that without access to training and wider organisational support the socio-cultural attitudes towards and beliefs about child-on-child HSB at school contributed to the lack of recognition and appropriate response across the spectrum. This study has therefore uncovered unique findings that contribute to institutional and wider organisational inaction in response to HSB at school. Chapter 10 will discuss recommendations and improvements for practice.

PART FIVE: TO CONCLUDE

Chapter 10: Summary of the study and recommendations

This study aimed to explore the lived experience of teachers related to child-on-child HSB at school using Interpretative phenomenological analysis (IPA). The idiographic nature of IPA enabled me to focus on the topic, allowing the voices of the participants to be heard and to uncover new understandings.

Nine teachers were recruited from three schools, two of which were special secondary schools and the third, a mainstream primary school. One special school and the mainstream primary school were situated within one local authority boundary. Data was collected in January 2016 via semi-structured interviews carried out at school and in the home of one participant by invitation. The interviews were transcribed by a third party. Data was then ideographically analysed in keeping with the requirements of IPA methodology, allowing the voice of the participants to be heard. Data was clustered into emergent themes which contributed to emerging subordinate themes, and finally three overarching superordinate themes. Themes were supported by quotations taken from the transcripts. Findings were structured and discussed within the proverb of the three wise monkeys; '*see no evil, hear no evil and speak no evil*'. The next section will introduce the fourth wise monkey Shizaru, depicted to be covering his genitals in a symbolic gesture of '*doing no evil*'.

10.1 The Fourth Wise Monkey

The original Buddhist version of the three wise monkeys refers to four wise monkeys, the fourth being Shizaru who symbolically covers his genitals to indicate that he is '*doing no evil*'. Kilroy (2013) explains the modern meaning of the fourth wise monkey by correlating the failings of care and lack of response reported at Mid Staff NHS Trust (Robert Francis QC 2010) and which had led to harm.

Kilroy (2013) asked whether any of us could be wholly truthful about speaking of things seen and experienced, using his findings to create this proverb:

To turn a blind eye to tricky situations; don't get involved; you might end up being corrupted, too. Distance yourself from questionable behaviours: you might end up behaving questionably, too. Keep quiet. Keep away. Let them get on with it. So please, speak no evil (Kilroy 2013)

The reasons as to why Shizaru is often not presented alongside the other monkeys are not clear, according to Kilroy (2013). It may be, he posits, that whilst we are all capable of not seeing, hearing or, indeed speaking, of any particularly evil things, it is the references made by Francis (2010) to '*doing evil*' acts that are considered to be most uncomfortable. In this way most of, says Kilroy, would prefer not to think about our inabilities to be like Shizaru and so he remains an elusive part of the proverb because it is hard to know we sometimes do evil, or harm, by not doing good; a stance fitting with the biomedical ethical principles of beneficence and non-maleficence (Andersson et al. 2010). Better, says Kilroy, to make Shizaru a permanent part of the proverb so that each of us tries our best to not do anything evil in the first place (Kilroy 2013). Thus, within the context of this thesis the ability to cause harm (Fyson 2007) exists within the school context. The next section will make recommendations for practice.

10.2 Recommendations

The findings from this study have been discussed within a framework provided by the proverb of the three wise monkeys. By implementing the recommendations discussed below, it is hoped that the fourth element of the proverb will be realised.

During the final stages of completing this thesis, training and tools to aid working with HSB have been developed for schools (Contextual Safeguarding Network 2019). Whilst this is a positive step towards improving practice in schools this study has shown that national guidance continues to fail to make reference to the lived experiences of teachers. This means that guidance omitting teacher's experiences

risks making assumptions as towards attitudes, beliefs and responses to child-on-child at school.

Recommendations are made for the phrase child-on-child HSB to be adopted into national and local guidance for all schools, irrespective of the type of school to aid clarity and avoid confusion. Child protection training should ensure knowledge is current and up to date to fully equip teachers to protect children across all schools. Teachers need to feel included and supported as part of wider multi-agency teams, working and supporting children who exhibit HSB. Recommendations are made for improved information sharing and local authority support for all schools, to ensure a removal of the culture of blame for when child-on-child HSB occurs.

Recommendations will be disseminated through publications submitted to peer reviewed journals related to teaching, schools, child sexual abuse and safeguarding children. These will include the list of journals from which literature was returned for the review. I aim to present the findings at national conferences for groups associated with sexualised behaviours including HSB, teaching and schools, child sexual abuse and safeguarding to inform the debate and support teacher education.

A briefing paper will be written for relevant stakeholders including the Department for Education and the Local Government Association through which I will access local authorities. The schools originally involved in the study will also be invited to see the findings. I aim to contact national children's charities to speak with them about my findings in the hope that they will adopt the recommendations into child protection training for schools. Moreover, I will make contact with groups working with sexualised behaviours including HSB. This will include for example, the contextual safeguarding network and NOTA (National Organisation for the Treatment of Abusers), (NOTA 2019), who will be briefed on the findings.

I am aware that throughout the conducting of this study I have experienced the effects of silence, stigma and reluctance to speak about children and sexual behaviours. Therefore, my post-Doctoral phase will include establishing a new venture through which I will become an independent researcher and safeguarding practitioner. This will enable me to speak freely about the findings and to link into

established networks researching child-on-child HSB. I plan to establish new networks, with the aim of including teachers and to seek funding to allow me to continue research into the topic and raise awareness. This will be assisted by a small publication which will outline the major aspects and findings of this study to aid understanding and which will be based upon the correlations between behaviours, responses and the experiences of participants as a guide for other teachers and wider practitioners.

10.3 Reflexivity

Reflexivity is used to consider the usefulness of a study and the quality of the findings (Van Manen 2016). I recognised that my feelings as a novice researcher were influenced by my belief in the importance of the topic under study. I therefore maintained a research diary to record my thoughts and feelings after each interview and during the process of analysis. This section will discuss aspects of my reflexive attitude during the study process.

I experienced difficulty at times in putting my thoughts into words but was reassured that the process of phenomenology is to write and re-write (Van Manen 2007). However, whilst learning to write, I also attempted to maintain a strict separation between my own professional experiences of HSB and my experiences as a novice researcher (Gadamer 1997). This meant I struggled at times with the strength of my experiences, which were reflected within many participant stories. For example, I recognised the way in which children who sexually abused other children were not seen and how it was considered unimportant; I recall a member of staff closing a communal sitting room door to enable Charlie to continue with his masturbation, only remembering to report the incident some days later. These experiences ultimately meant that as a professional and a researcher I found it difficult at times to focus on the experiences of the teachers and not the child.

Within this study, the use of a gatekeeper enabled me to access participants with experience of child-on-child HSB from within this hard to reach group. Through the use of Snowball sampling within the schools I gained access via the headteacher, to participants with varying degrees of experience and knowledge which added to the findings of the study. However, I reflected that this might have resulted in gaining access to those teachers considered by the headteacher to have relevant experience, and not the whole staff group. Where a lack of experience of child-on-child HSB was stated, this was in most cases a lack of recognition of sexualised behaviours, in association with an acceptance that this was a normal part of the school day. When reflecting upon the use of a gatekeeper to help with access to participants I also recognised that I had successfully negotiated access to other participants without the assistance of a gatekeeper. However, in contrast, some

schools I approached did not wish to be engaged with the study, confirming the sensitive nature of the topic and the need to maintain the silence that was in keeping with the findings.

Having accessed and interviewed suitable participants, I reconsidered my questions in order to ensure I was truly eliciting my participants' experiences. Validity in phenomenological research is based upon the type of questions the researcher asks of the participants and the subsequent analysis of the experiential accounts (Van Manen 2016). I therefore reflected on one interview in particular and how I had asked the participant to tell me how she felt about children who exhibited HSB, referring to the child as a perpetrator. Initially I was concerned that I had influenced the participant's response but eventually concluded I had not intended to use the word 'perpetrator' negatively but was instead attempting to distinguish one child from the other. It became important therefore to recognise that my participants also needed to use words that enabled them to distinguish children and that they did so as a group. This example indicated how my own use of reflection assisted with understanding the teachers lived experiences of child-on-child HSB in the school setting.

10.4 Reliability and validity

Characteristics of good qualitative research must include sensitivity to context; commitment and rigour; transparency and coherence and impact and importance (Yardley 2017). Sensitivity to context is indicated by the choice of topic for the study and recruitment of participants with the lived experience of that topic. Moreover, sensitivity to the data is shown by the careful consideration of the meanings attributed to the participants experiences. Commitment and rigour are ensured by the in-depth attitude of the researcher within the data and the thoroughness with which it is analysed. Transparency refers to the clarity demonstrated throughout the stages of the study (Yardley 2017). Reference is also made to the importance of generating knowledge that is considered useful and which might even change the way we think about the topic (Yardley 2017).

My ten-year involvement with the subject which included my lived experiences of child-on-child HSB and latterly the study of a Professional Doctorate, meant I was able to ensure sensitivity to context. My experiences of child-on-child HSB as a health professional practicing in a special school environment lent me a sympathetic attitude which proved invaluable for establishing positive relationships with my gatekeeper, participants and the school I approached directly. As a researcher with experience of HSB I noted that two of my participants in particular expressed a wish that the findings of this study would bring about positive change. My participants knew me only as a researcher and this showed trust in the potential outcomes of the study.

The immersion of the researcher within the subject data helps to maintain commitment and rigour (Yardley 2017). This was achieved by a transparent audit trail of the process which included development of the research question and literature review, individual idiographic analysis conducted in isolation and supported by cross case analysis. The retention of both electronic and paper-based records showed adherence to the methodology. Coherence is demonstrated by the questions, methods and interpretations made according to the requirements of the methodology (Yardley 2017). This was achieved by agreeing and piloting with my supervisors, the semi-structured interview questions used with each participant

(Appendix eight). The idiographic analysis of each transcript narrative was analysed in isolation, following the exact same process as indicated in Appendix nine. Moreover, because Interpretative Phenomenological Analysis comprises phenomenology as one of its three basic theoretical approaches, the Lifeworld framework (Ashworth 2006) was used as a lens through which to consider the findings.

The impact and importance of this study is related to its unique findings as an original piece of research. The nine participants, four females and five males, from three different schools offered unique insights to the lived experience of child-on-child HSB. Participants possessed unequal levels of experience despite external agencies considering special schools to be expert in managing child sexualised behaviours and therefore raises questions about competencies, skills and information sharing. Child-on-child HSB was considered a normal part of the special school day, regarded as play or self-harm until the behaviours were directed towards staff. At this point the behaviours were considered aggressive and a mental health difficulty requiring a place other than school for intervention. Both females and males revealed vulnerability when working with children who exhibit HSB, fearing blame and ruined reputations. When HSB occurred at school the school was not supported by the local authority which instead levied blame against the school and staff. Training in HSB was poor or non-existent meaning it was confused with child sexual abuse perpetrated by adults and therefore not recognised. Therapeutic interventions were not considered as important as academic achievement.

The findings above show the impact of not exploring the lived experience of professionals working with children when creating guidance. The outcome of not doing so leads to turning a blind eye to child-on-child HSB, the experience of silence and being silenced and the risk of reputations ruined. Moreover, the lack of professional input into guidance means that instead of doing good, schools may instead be doing harm. Therefore, the importance of this study are the unique findings that will contribute to enhanced and supportive guidance for schools that will assist in the management of child-on-child HSB, raising the importance of sharing information and supportive systems that do not engage in a blame culture. The new understandings will benefit practitioners across services and who are working with children who sexually abuse other children.

10.5 Limitations

Limitations of this study may be seen to include both methodological and researcher issues. The small number of participant interviews adhere to the requirements of IPA, particularly at Doctoral level (Smith et al. 2009) due to an assumption that additional time assumed at this level assumes a greater amount of time available for analysis to take place. However, the part time nature of the Professional Doctorate was a potential limitation for me due to the concomitant demands of a full-time employment. As is expected with qualitative analysis, findings are not intended to be generalisable and may, at another time and date, be interpreted in a different way.

The use of Snowball sampling is considered likely to bring forth participants who are positive about the topic under study (Heckathorn 2011) and is observed in this study. However, two participants had not read the participant information sheet prior to the interview but showed positivity towards wanting to engage with the study process even though the topic was unknown to them. Therefore, positivity may present in different ways.

Lastly, the inexperience of a novice researcher should be noted in that the development of a thesis is a learning process which in subsequent research studies is hopefully improved upon. An example of this was revealed in the outcomes of the literature review that had focused on the commonly used references and phrases concerned with HSB within the UK. This means that wider and possibly additional international and global research using alternative phrases and descriptions may have been missed and therefore this should be considered a limitation of the study.

10.6 Returning to Charlie

The process of developing this thesis has enabled me to reflect upon my own lived experiences of child-on-child HSB at school. Whilst conducting sessions with Charlie I had suggested to the headteacher that, with further training and development, these might be expanded upon to include other children from other schools and that we might become known as a special school with the expertise to deal with child-on-child HSB. Although this suggestion was not taken up, I now realise why.

At the time I had no knowledge of guidance for schools and was only aware of my own and other's frustration. Whilst I was unaware that external agencies considered us to be specialist already, I was aware that our requests for help were responded to inconsistently. Had I been aware of the former, the latter would not have surprised me as much, but I would have been greatly enabled to take further action. The literature accessed through the conducting of this study has made me realise that trusted keyworkers can make a big difference to children who exhibit HSB. This was no more apparent than in the affirmations made by Professor Simon Hackett (2018) in a report to the Independent Inquiry into Child Sexual Abuse, that children will disclose and find support in those they trust (Hackett 2018). I understand now that rather than being, as I believed myself to be, an ineffectual source of support for Charlie, I did make a difference after all.

The distress caused by child-on-child HSB at school is experienced at all levels, from the children who are all victims right through to those in senior management roles. Specific guidance is therefore essential. Charlie left school a long time ago and whilst I sometimes wonder how he has progressed I cannot help but simultaneously think about his victims, both in the past and possibly in the future.

10.7 Final thoughts

The undertaking of a Professional Doctorate through part time study whilst remaining fully employed has turned out to be one of the hardest decisions of my entire life. My experience of child-on-child HSB at school progressed to become the lived experience of developing a research study which has been presented in this thesis. This process changed my life in that I have become increasingly questioning and increasingly aware of my place in the world around me.

In my youth, with no opportunity to undertake a first degree, I decided to take up nurse training and qualified as a State Registered Nurse in the early 1980's. I remain a practicing Nurse and can clearly recall my tutor's mantra that '*a hospital should do a patient no harm*'. We now refer to this as the Duty of Candour and I like to think my tutor would be pleased about that. This means that wherever, and to whomever, health and social care is being delivered no professional or practitioner should be doing harm by not doing good and if they do, apologies must be made.

Safeguarding is everyone's responsibility (Munro 2011) and I therefore very much hope the findings from this study will become a part of those responsibilities, positively influencing guidance and outcomes for all those experiencing child-on-child harmful sexual behaviours at school. For me, I intend to combine the learning gained during the process of writing this thesis to progress as an independent safeguarding practitioner and to focus on supporting schools when experiencing HSB.

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APPENDICES

APPENDIX ONE

Management guidelines for schools (Hackett and Taylor 2008)

- Level 1: Behaviour management within the school setting of single episodes of HSB that are age appropriate, but which occur in the wrong context or are indicative of sexual harassment. These situations may be dealt with through an anti-bullying procedure or behaviour policy. The child should be made aware of the inappropriateness of the behaviour and given guidance and information.
- Level 2: Behaviour management and school action for multiple episodes of low level behaviours or sexual harassment despite prior guidance and warnings. If behaviours are interfering with the child's or others learning then school action should be initiated and the parents informed with an individual education plan being implemented.
- Level 3: Behaviours are more concerning and more compulsive expressions of lower level behaviour. Child protection referrals and a community based treatment programme may be appropriate and child should be able to attend mainstream school with school action plus in place.
- Level 4: These are the most intrusive and abusive behaviours where child protection, specialist assessment and possible criminal involvement is likely. Referral for specialist assessment and intervention is warranted. High levels of supervision are required to maintain safety within the school environment.

APPENDIX TWO

Databases, search terms and number of returns

Database	Search terms applied*	Returns	Total reviewed	Total retained for the literature review (Repeated references removed)	Details of papers retained
PsycINFO: (Incorporating AMED, EMBASE 1947- present, Ovid Medline® 1946 onwards, PsycINFO 1806 onwards)	School Child Adolescent Characteristics Young sexual abuser Sexually harmful behaviours Harmful sexual behaviours	692011 2183102 1873856 1467535 12 5 120	n=13	n=0	N/A
British Nursing Index (BNI)	School Child Adolescent Characteristics Young sexual abuser Sexually harmful behaviours Harmful sexual behaviours	15185 26893 5953 6026 3 5 9	n=17	n=1	Hall (2006)
CINAHL	School Child Adolescent Characteristics Young sexual abuser Sexually harmful behaviours Harmful sexual behaviours	76830 307636 46873 3 2 3 8	n=13	n=1	Hackett, Masson, Balfe and Phillips (2015)
ASSIA, social science database (saved to Zetoc)	School Child Adolescent Characteristics Young sexual abuser Sexually harmful behaviours	88248 112820 41569 41657 74 27	n=72	n=0	N/A

	Harmful sexual behaviours	75			
Open Grey	Search terms applied as above*	0	0	0	None returned
ProQuest	Search terms applied as above*	4	n=4	n=1	Fyson (2007)
Hand searching of returned references	References within inclusion/exclusion criteria	n/a	n/a	n=6	As reference list
Total retained for review				n=9	Appendix three

APPENDIX THREE

Final selection of returned references for the literature review

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
Almond (2013)	Working with children and young people with harmful sexual behaviours: exploring impact on practitioners and sources of support	Journal of sexual aggression	Qualitative Semi-structured interviews followed by questionnaire	UK One social services department	To explore the issues of impact and support in the context of work with children and young people who exhibit HSB within one organisation.	16 practitioners: 13 female, 3 males	Positive effects outweighed the negative effects of working with children who exhibited HSB. Organisational factors significantly associated with negative impact on the workers Meaningful, confidential and supportive supervision with a manager experienced in sexual behaviour work is a key component of working with HSB. Female vulnerability (5). One male stated his ender enhanced the work.	Sample not randomly chosen Small and very homogenous sample therefore scope for generalisation is limited Solo researcher, part time research basis, time limits plus researcher's role within the organisation may have influenced the study.

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
Fyson (2007)	Young people with learning disabilities who sexually harm others: the role of criminal justice within a multi-agency response	The Ann Craft Trust	Qualitative 2 strands to the study, the first a survey with follow up interviews; the second a 12-month prospective survey of all cases of sexual abuse perpetrated by a young person with LD which were known to statutory welfare agencies.	UK Special schools	To investigate both inappropriate and abusive sexual behaviours in order to better understand the connections between the two and to identify how education, welfare and CJS do or do not work together to support these troubled young people	Special schools (10) and sexual abuse cases (15) in young people with LD	88% of special schools experienced pupil's behaving in sexually inappropriate ways 65% reported incidents at least once per term, 19% reported incidents on a weekly basis 58% reported public masturbation, 85% inappropriate touch, 15% reported attempted bodily penetration Welfare and criminal justice systems struggled to work together effectively Staff experienced difficulty in determining when inappropriate behaviours warranted intervention Lack of therapeutic services was reported Often, no intervention occurred until the child committed a criminal offence and was referred to Police Children with LD labelled as sex offenders	None reported

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
Fyson (2008)	Sexually inappropriate or abusive behaviour among pupils in special schools	British Journal of Special Education	Qualitative Questionnaire sent to 40 special schools in UK. Semi-structured interviews. Grounded theory (Glaser). Coded onto themes. Schools were both state and independent sector.	UK Special schools	To report on the findings of a study into sexually inappropriate or abusive behaviour occurring between pupils in special schools in four local authorities in England	26 special schools in England. Researcher had contacted 40, response rate 65%.	<p>In special schools, HSB occurred regularly between pupils in school buildings, playgrounds and on school transport, with acts of serious abuse a possibility.</p> <p>Lack of relevant policy and practice guidelines leads to inconsistent responses and uncertainties over when or whether to inform either parents or child protection agencies.</p> <p>The development of consistent responses must actively involve <i>all</i> school staff: lunch-time supervisors and travel escorts as well as teachers and class- room assistants.</p> <p>Although the majority (88%) of special schools had noted sexualised</p>	None reported

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
							behaviours of some kind on a regular basis, only a minority (19%) had specific policies in place to guide staff responses to such incidents.	
Hackett, Balfe, Masson and Phillips (2014)	Family responses to young people who have sexually abused: anger, ambivalence, acceptance	Children and society	Multisite case file review Purposeful sampling	UK	To address large cohort to access family responses to young sexual abusers	700 young people Case files from 9 services totalling 700 files.	3 types of response reported: supportive, ambivalent and negative.	Culpability of some parents was suspected and founded in some cases meaning careful assessment of family functions would be required for further studies
Hackett, Masson, Balfe and Phillips (2015)	Community reactions to young people who have sexually abuse and their families: A shotgun blast not a rifle shot	Children and society	Qualitative Case file review	UK 9 services for children who sexually abuse	To analyse community responses to juvenile sexual offending	117 cases taken from 700 case files Detailed notes taken from the 117 case files recording positive and negative	Stigmatisation, social isolation, and collateral damage was common, as was a contagion effect which carried on over time and across differing groups. Community responses heightened risk factors Authors advised caution about including children in	Case file nature of the study Insufficient recording of negative attitudes might be a possibility Varied time ranges across the files

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
						responses of the community in which the children lived.	policies for notification of community sex offenders.	
Hall (2006)	Children with harmful sexual behaviours - what promotes good practice? A study of one social services department	Child Abuse Review	Short report of a mixed method study Data analysis of case file contents followed by semi-structured interviews with the social workers who had completed the files	UK One social services department	To describe professional practitioner's experiences and views of the services provided for children who sexually abuse other children	14 child file cases and 14 social workers	Social workers found to be integrating guidelines into their practice in different ways Co-working and supervision highly valued Inconsistent child protection training and levels Lack of time for social workers to intervene Children in denial are difficult Increased specialisation in the subject of HSB is not required at the early intervention stage	Small sample due to time constraints of the study
Martin (2014)	Making sense of children's sexual behaviour in child care:	Child abuse and neglect	Analysis of qualitative data Taken from Special Investigation	USA Department of Human Services	To investigate how adults, respond to sexual behaviour amongst	44 x SIR from a larger subset of 817.	Responses to inappropriate sexual behaviour is dependent upon individual responding: Parents respond as though the	Essentially, this report was a case file review

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
	An analysis of adult responses in special investigation reports		Reports (SIR) from across the 25 largest cities in Michigan USA and which are publicly available from the Department of Human Services.		children in child care	Parents, care givers and child licensing authorities	incident is child sexual abuse; Child care centres treat as misbehaviour; Licensing authorities question the level of supervision provided and whether evident of the child being sexually abused in another setting.	
Russell and Harvey (2016)	Working with adolescents who display sexually harmful behaviour	Journal of Children's Services	Qualitative IPA Semi-structured interviews	UK Youth Offending Team	To explore the psychosocial experience of staff in a UK youth offending team who work with adolescents displaying sexually harmful behaviour	8 participants working in YOT	Three superordinate themes were identified: client-focused; challenges within the role; and looking after the self. Participants experienced challenges within their role but were aware of the importance of maintaining own well-being. Positive attitudes towards young people displaying SHB, whilst contending with the challenge of misconceptions within society. When addressing the self, YOT practitioners are able to adopt both individual and group methods of	The participant group could have included a wider range of disciplines as the YOT is a multi-agency service. A further study exploring staff from different professional backgrounds would be of value. Not a limitation necessarily, but authors refer to SHB rather than

Author/s	Study title	Peer reviewed Journal	Methodology, reliability, validity and theoretical influence	Country and setting	Aim of the study	Participants and sampling	Findings	Limitations of the study
							<p>coping with the nature of the work.</p>	<p>standardised HSB.</p>
<p>Vosmer, Hackett and Callahan (2009)</p>	<p>Normal and inappropriate childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom</p>	<p>Journal of sexual aggression</p>	<p>Delphi study The Delphi study had 3 rounds and asked 3 questionnaires. Experts included Social workers, nurses, psychologists and teaching, academics in social work.</p>	<p>UK</p>	<p>To explore the degree of consensus among a range of UK professionals on a wide range of child sexual behaviours, with specific reference to HSB in children below 10 years and the factors influencing professional's views and terminology</p>	<p>24 professionals involved with children below the age of 10 years and who exhibit HSB</p>	<p>High consensus that children should not be referred to as 'sex offenders, abusers'.</p> <p>Behaviours which resemble force or adult behaviours are of concern, including pornography.</p> <p>Divergent views existed regarding various sexualised behaviours. No consensus reached on terminology. Views affected by professional and personal values, including religious beliefs.</p>	<p>Gender bias as respondents mostly female Most participants from social work background, therefore other professional groups under-represented.</p>

APPENDIX FOUR

Ethics permission to proceed with the study

School of Healthcare Sciences
Head of School Gail Williams



21st April 2015

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Ms J Waters
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Dear Ms Waters

An exploration of the experiences of school staff when responding to sexually harmful behaviours exhibited by children and adolescents at a residential SEBD (Social, emotional and behavioural difficulties) school in one county in England. An Interpretative Phenomenological Analysis

At its meeting of 21 April 2015, the School's PGT Research Review and Ethics Committee considered your research proposal. The decision of the Committee is that your work should:

Pass –and that you proceed with your Research after discussing the reviewers' comments with your supervisor

Please find attached the reviewers form.

Please note that if there are any subsequent major amendments to the project made following this approval you will be required to submit a revised proposal form. You are advised to contact me if this situation arises. In addition, in line with the University requirements, the project will be monitored on an annual basis by the Committee and an annual monitoring form will be despatched to you in approximately 11 months' time. If the project is completed before this time you should contact me to obtain a form for completion.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Mrs Liz Harmer – Griebel
Research Administration Manager

Cc : Dr Teena Clouston, Dr Sally Anstey

APPENDIX FIVE

Head teacher information sheets

School of Health Care Sciences Head of School Ms Gail Williams

07 July 2015



Head Teacher Consent Form (Version 2) June 2015 Research project title:

Exploring the human meanings that school staff members attribute to the experience of responding to children who exhibit Sexually Harmful Behaviours (SHB) at residential SEBD schools.

Please read the Participant Sheet

The Participant Information Sheet refers to the subject of Sexually Harmful Behaviours of children and adolescents at school. The management of the exhibition of sexually harmful behaviours (SHB) by children and young people in schools is a recognised difficulty. A key element of responding to children is the development of appropriate strategies that equip staff with the knowledge, training and support that is required.

This research project aims to anonymously explore and understand the experiences of school staff when managing SHB and therefore you are invited to take a few minutes to read this information sheet before making up your mind about whether or not you would like to help with this research.

What is the purpose of the study?

This study is being carried out in part fulfilment of the criteria required for the completion and the successful award of a Professional Doctorate in Advanced Healthcare, which is being studied by the researcher at Cardiff University. The researcher is a Registered Nurse who has experience of working with children and young people who exhibit SHB. The research proposal fully adheres to the ethical requirements of Cardiff University and has its full support. The Head Teacher of the school is respectfully asked for their permission to allow the researcher named in this document to carry out her research within their school and with the consent of school staff. The researcher offers her attendance at a suitable meeting of the Governing Body in order to explain the background to the research.

All findings will be anonymously recorded and will be confidential. The researcher will return to the school Governing Body and Head Teacher to report on her findings if requested and to provide feedback to the staff if required.

Please place your initials in the box below to confirm the following

	Please initial here
On behalf of the school named below I have read the Participation Sheet dated for the above research project.	
I have had the opportunity to consider the information, ask questions and have had my questions answered satisfactorily.	
I understand that the participation of the school is entirely voluntary and that we are free to withdraw at any time.	
I agree to the interviews being audio-recorded so that comments may be anonymously typed up and used as research data.	
I consent to the researcher using direct and anonymous quotations from the interview process for the research publication including journals.	
Except under circumstances that information is disclosed resulting in anyone else being put at risk of harm, all information provided will be kept confidential.	

Head Teacher Name (please print):

Signed:

Name of school:**Address:**

Telephone number:

Name of main contact at school:.....**Email address:**

Date:

Thank you

Janice Waters

Email address: WatersJA1@cardiff.ac.uk

APPENDIX SIX

Participant's Information Sheet

Research project title: An exploration of the experiences of school staff when responding to Sexually Harmful Behaviours exhibited by children and adolescents at a residential SEBD (Social, emotional and behavioural difficulties) school in one county in England. An Interpretative Phenomenological Analysis

Invitation Paragraph

This Participant Information Sheet refers to the subject of Sexually Harmful Behaviours of children and adolescents at school. The NSPCC defines the exhibition of sexually harmful behaviours (HSB) between children and young people as an aggressive or manipulative sexual interaction that occurs without the consent of the victim. The management of the exhibition of sexually harmful behaviours (HSB) by children and young people in schools is a recognised difficulty. A key element of responding to children is the development of appropriate strategies that equip staff with the knowledge, training and support that may be required.

This research project aims to anonymously explore and understand the experiences of school staff when managing HSB and therefore you are invited to take a few minutes to read this information sheet before making up your mind about whether you would like to help with this research.

What is the purpose of the study?

This study is being carried out in part fulfilment of the criteria required for the completion and the successful award of a Professional Doctorate in Advanced Healthcare which is being studied by the researcher at Cardiff University. The researcher is a Registered Nurse who has experience of working with children and young people who exhibit HSB at a residential SEBD (Social, emotional and behavioural difficulties) school. The research proposal fully adheres to the ethical requirements of Cardiff University and has its full support.

The aims of the study are to anonymously uncover the human meanings that staff members attribute to the personal and professional difficulties experienced when responding to and managing HSB. The research will identify themes and recommendations that recognise these experiences and as a result will hope to develop strategies and tools for schools and staff, children, young people and their families to assist with the management of HSB.

Do I have to take part?

Your participation is voluntary. I would like you to consider consenting to participate in this study, as I believe that you can make an important contribution to the research. If you do not wish to participate you do not have to do anything in response to this request. I am asking you to take part in the research because you are a member of staff at a residential SEBD school and I believe you can provide important information that may be relevant to the evaluation that is being undertaken.

What will I do if I take part?

If you are happy to participate in the research I will ask you to continue to read this information sheet, sign the consent form and return it to me. When I receive this I will contact you to discuss your participation in the study, confirm your participation and make arrangements to meet you. The research process will involve a semi-structured interview with you which may last around 60 minutes and which will be anonymously audio-recorded. This recording and any notes taken during the interview will help me to recall the main points of the conversation and will not be made available to anyone else.

What are the possible disadvantages and risk of taking part?

Whilst you may be asked to answer questions about the sexually harmful behaviours of children and the responses of both yourself and the school, all information provided by you will be kept confidential always. All responses to my questions and information provided by you will be anonymous i.e. no personal details relating to you or where you work will be recorded anywhere. Only I will have access to the information you provide. Data that is presented in the findings, outcomes, strategies or tools for practice will be anonymous to protect the views and identities of those taking part.

What are the possible benefits of taking part?

Whilst there may be no personal benefits to your participation in this study, the information you provide can contribute to the future development of school strategies and tools for the management of HSB and assist in contributing to improved outcomes for children.

Will my taking part in the study be kept confidential?

All information you provide to me will be kept confidential. Only I will have access to it and I will not reveal to anyone that you have taken part in the research. All data collection, storage and processing will comply with the principles of the Data Protection Act 1998 and the EU Directive 95/46 on Data Protection. Under no circumstances will identifiable responses be provided to any other third party.

Information emanating from the evaluation will only be made public in a completely un-attributable format or at the aggregate level to ensure that no participant will be identified.

I am however, required to inform you that under section 175 of the Education Act 2002 should information be disclosed that may result in you or anyone else being put at risk of harm I will be required to inform the Designated Child Protection Officer within the school as is normal practice and to protect all concerned. Participants should be aware that they may be required to be involved in any resulting child protection enquiries and may be asked to provide more information.

What will happen if I decide not to continue with the study?

Your participation in this study is entirely voluntary. Should you decide to withdraw from the study at any stage, you are entitled to do so and do not have to give any reason for this. Any study data gained prior to your decision to withdraw will be retained by the researcher and included in the study, subject to confidentiality agreements made.

What will happen to the results of the research study?

All information provided by you will be stored anonymously on a computer with analysis of the information obtained undertaken by myself. The final report which may include quotes from the interview process, will be scrutinised to ensure that no individual involved in the research could be identified. The results from this analysis will be available in one or more of the following sources; my study, scientific papers in peer reviewed academic journals; presentations at a regional conference and local seminars. The findings and outcomes will be available from this study upon completion of the evaluation.

Who is organising the research?

This project has been approved by the School of Healthcare Research Ethics Committee (date letter of approval received to be inserted here) The study is funded partly through the grateful donation of a sponsorship grant from the Royal College of Nursing and partly through personal funding of a Professional Doctorate which is being studied on a part time basis at Cardiff University.

What do I do next?

Having satisfied yourself that you have fully read and understood this Participant Information Sheet the researcher asks you to sign the consent form below and return it to the address provided. In addition, the researcher will not contact you for a period of not less than 24 hours after receiving your signed consent form to allow you to have a period of reconsideration. The researcher will then contact you to meet either in person or via a telephone call, as you prefer, prior to the commencement of the study

APPENDIX SEVEN

Participant Consent Form

Research project title: An exploration of the experiences of school staff when responding to Sexually Harmful Behaviours exhibited by children and adolescents at a residential SEBD (Social, emotional and behavioural difficulties) school in one county in England. An Interpretative Phenomenological Analysis.

Thank you for considering taking part in this research project. If you have any further questions please contact the researcher before deciding to take part. You will be given a copy of the consent form to retain and refer to at any time.

Please tick below to confirm the following

	Initial
I confirm that I have read the participant information sheet dated (insert date) for the above research project. I have had the opportunity to consider the information, ask questions and have had my questions answered satisfactorily.	
I understand that my participation is entirely voluntary and that I am free to withdraw at any time. I do not have to provide a reason for my withdrawal from the project.	
I agree to the interview being audio-recorded so that my comments may be anonymously typed up and used as research data.	
I consent to the researcher using direct and anonymous quotations from the interview process for the research publication including journals.	
All information I provide will be dealt with in a confidential manner.	
I am aware that under section 175 of the Education Act 2002 should information be disclosed that may result in anyone being put at risk of harm the Designated Child Protection Officer within the school will be informed as is normal practice and to protect all concerned.	

The researcher may now contact me.

Name (please print).

Signed.....

Address.....

Telephone Number.....

Date.....

Researcher Name: Janice Waters. Email: WatersJA1@cardiff.ac.u

APPENDIX EIGHT




Semi-structured interview questions

Questions for approximately 6-10 participants.

1. Please describe your role within the school and how long you have worked here.
2. Have you any prior experience of children exhibiting HSB?
3. What have you experienced with regards to children who exhibit HSB?
4. Can you tell me about how that experience made you feel?
5. What were you thinking at the time of the experience?
6. How did that make you feel towards the victims and the perpetrators?
7. Can you help me to understand your experience?
8. How might guidelines for HSB help you?
9. How might training help you?

APPENDIX NINE

Flowchart for transcript analysis

	Interview completed followed by reflective time
	<ul style="list-style-type: none"> ✓ Interview recording submitted for professional transcription. ✓ Returned in Word document format ✓ Full transcript transferred to the center column (of 3) of a new Word format 'analysis document'
	Analysis by hand commenced
	<ul style="list-style-type: none"> ✓ Interview listened to again without making notes ✓ Interview listened to whilst reading transcript and noting any corrections in the analysis document ✓ Analysis document re-read, inserting notes into the right-hand column and noting conceptual thoughts, language and descriptions ✓ Emergent themes developed from the conceptual thoughts, language and descriptions
	Computer re-introduced into analysis process
	<ul style="list-style-type: none"> ✓ Emergent themes for each participant copied into Excel spreadsheet with accompanying quotation, page and line numbers. ✓ Printed and sorted into groups noting similarities and opposites. ✓ Groups of emergent themes sorted into subordinate themes
	Process repeated for next participant

APPENDIX TEN

Transcript analysis

<p>Janice Waters</p> <p>270116 number 3</p> <p>Risks for staff working with SHB pupils.</p> <p>Could 29.1.13.</p>	<p>1 ourselves in because we work with extremely vulnerable children.</p> <p>INT: 2 Yeah.</p> <p>RES: 3 And there's a huge grey line and it would only take the wrong child to say 4 the wrong thing and our careers are over, you know. Or do the wrong thing 5 in our care and the judgment from the higher powers, whether it's local 6 authority, safeguarding officers, you know, to point the finger and it could 7 end someone's career very quickly.</p> <p>INT: 8 Yeah. And given the nature of this topic that's quite ... that really is, really 9 a risk there.</p> <p>RES: 10 It is a risk, yeah. You know I've worked with members of staff that a young 11 person has, I use the word escaped, we've got away from to go and be able 12 to go and do something with any group of child and have sexual intercourse 13 with them, whatever they've managed to do in the woods, and then those 14 members of staff would be professionally criticised. They've been through 15 tribunals, they've been removed from their positions, they're made to feel 16 inadequate. And that person is not equipped to deal with that situation, 17 they've been given a very basic set of training, but the child will find an 18 opportunity at times.</p> <p>19 If they want to go and do something they will find an opportunity to make 20 that happen somehow. If that need is there and that want, you know, it's 21 internal but they'll find a way of exploring that and they'll find the right</p> <p>www.essentialsecretary.co.uk</p> <p>Lack of training leaves staff open to professional criticism</p>	<p>Working with very vulnerable children is dangerous for staff - allegations are possible</p> <p>Wrong child saying wrong thing can mean career is over</p> <p>LA's SP's point the finger</p> <p>LA/SC judgemental when things go wrong.</p> <p>Lack of training in SHB can lead staff ill equipped to deal with children who will find a way to what they want.</p> <p>28</p>
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APPENDIX ELEVEN

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